

L16 0000 21542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 29 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: @ Home Consulting Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claretta Campbell

Name of Person

@ Home Consulting Solutions

Firm/Company

1555 SW Abingdon Ave

Address

PSL, Florida 34953

City/State and Zip Code

Lucielane205@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claretta Campbell

Name of Person

at (772) 212-7911

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: @ Home Consulting Solutions
2. (a) 1555 SW Abingdon Avenue (b) 110 SW Peacock Blvd Unit 207
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Port Saint Lucie, Florida Port Saint Lucie, Florida
34953 34986
3. February 1st 2016 4. L16000021542
Date of filing/registration in Florida Document number
5. (a) Stephanie Edman
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2715 27th Way
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
West Palm Beach, Florida
FL 33407
- (b) Claretta Campbell
Enter name of NEW Registered Agent and/or NEW Registered Office address:
110 SW Peacock Blvd, Unit 207
NEW Registered Office Address:
Port Saint Lucie, Florida
FL 34986

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Claretta Campbell
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent