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(Req	questor's Name)	
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PICK-UP	WAIT	MAIL
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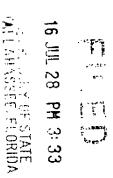
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COVER LETTER

Division of Corporations	
FSO Consulting Services, L.L.C	<u>)</u>
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dianne L Walton	
Name of Person	
FSO Consulting Services, L.L.C.	
Firm/Company	
316 Akron Way	
Address	
Rockledge, FL 32955	
City/State and Zip Code	
fsoconsultingservices@outlook.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Dianne L Walton	407 963-2020
Name of Person	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 am	nount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Rockledge, FL 32955 L16000028544 4. Document number the Florida Dept. of State:
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Rockledge, FL 32955 L16000028544 4. Document number the Florida Dept. of State:
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ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Dianne L. Walton
Printed or typed name of signee
ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
ws ftliatiof