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COVER LETTER

Division of Corporations						
SUBJECT: Cherbourg Consulting Group, LI	LC.					
Name of 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:					
Lisa LeRoux						
Name of Person						
Firm/Company						
456 Sotheby Way						
Address						
DeBary, FL. 32713						
City/State and Zip Code						
cherbourgconsultinggroup@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	se call:					
Lisa LeRoux	386 898-8057					
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	ount:					
2 \$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.

1. N	ame of the limited liability company: Cherbourg C	Consultii	ng Group,	LLC.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 456 Sotheby Way	(Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	-
	DeBary, FL. 32713			, FL. 32713	
	03/15/2016		L1600005	52811	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT Registered Office Address	TS, INC	•		
		33612		18	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Lisa LeRoux	ed Office as	ldress:	MAR 12 AN	~~ . ***
	NEW Registered Office Address:				
	456 Sotheby Way		<u>-</u>	- E	
	DeBary , F	L_32713	i	_	
the changent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability c of the lir e limited	istered office ompany, it is nited liability liability con	te and the business office of the reg is hereby confirmed that the change ty company or as otherwise provide mpany.	gistered c(s)
Sions	ature of a member or authorized representative of a member	LIS	a LeRoux	Printed or typed name of signee	
I here provis the ob to mer	eby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to ac e perforn led for in I hereby c	et in this cape nance of my o Chapter 605 confirm that	pacity. I further agree to comply w	ith the accept g filed been
Signan	ure of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00