

L16000088434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

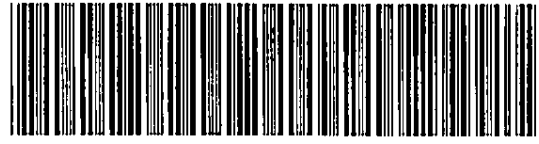
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REC'D
SECRETARY OF STATE
DIVISION OF CORPORATIONS
PM DEC 11 AM 8:06

N. CAUSSEUX
DEC 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haddock Consulting 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:

Chris Haddock
Name of Person

Haddock Consulting LLC.
Firm/Company

12463 SW 147th Ter
Address

Miami, FL 33186
City/State and Zip Code

contract.haddock@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Haddock at (305) 298-5523
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

Haddock Consulting LLC.

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

12463 SW 147th Ter

Miami, FL 33186

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12463 SW 147th Ter

Miami, FL 33186

5/4/2016

L16000088434

3. Date of filing/registration in Florida _____ 4. Document number _____

Haddock, Chris M

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

~~CH 12463 SW 147th Ter~~ 15827 SW 91st Ct
 CH Miami Palmetto Bay, FL 33186 33157

NEW
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2PM DEC 11 AM 8:06

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

12463 SW 147th Ter

Miami

33186
 FL

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.

Christopher Haddock

 Signature of a member or authorized representative of a member

 Printed or typed name of signer

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 of Registered Agent