# L/6000/11038

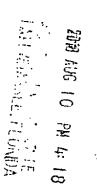
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



100313743991

FILED PHO: 10
SECHELANASSEE, FLORIDA



K. SALY AUG 13 2018

### FLORIDA FILING & SEARCH SERVICES, INC.

#### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/10/18

**NAME**: AZM CONSULTING, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

\$25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section

Division of Corporations						
AZM Consulting, LLC SUBJECT:	AZM Consulting, LLC  Name of Limited Liability Company					
SUBJECT.						
Dear Sir or Madam:						
The enclosed Registered Agent/Register	ered Office Change a	nd fee(s) are submitted for filing.				
Please return all correspondence conce	erning this matter to th	ne following:				
Kerry Jester						
Name of Perso	on .					
American Incorporators Ltd.						
Firm/Compan	у					
1013 Centre Road, Suite 403-A						
Address	<del>,,,</del>	<del></del>				
Wilmington, DE 19805						
City/State and Zip	Code	<del></del> -				
kerryj@ailcorp.com						
E-mail address: (to be used for fu	iture annual report no	tification)				
For further information concerning this	s matter, please call:					
Kerry Jester	302 at (	421-5752				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDR'S 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 fo	ollowing amount:					
☑ \$25 Filing Fee ☐ \$55		\$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. Na	ame of the limited liability company: AZM Consul	lting, LL(	0	
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12941 SE CROOKED STICK LANE		4 Libert	ty Square, 4th Floor
	HOBE SOUND, FL 33455		Boston	, MA 02109
	6/8/2016		L160001	11038
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number
5. (a)				
• ,	Registered Agent and Registered Office shown on the records o	I the Florida	Dept. of Sta	te:
	MARTIRANO, SALVATORE F			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	- - ~ \$
	12941 SE CROOKED STICK LANE			EG Z T
	HOBE SOUND	33455		FILE OPES TATE  ALLAHASSEE, FLORIDA
			<u>.</u> .	- Sign - F
(b)				- Fig. 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office adu	lress:	92
	Florida Filing & Search Services, Inc.			
	NEW Registered Office Address:	<del> </del>		_
	155 Office PLaza Drive, Suite A			<del>-</del>
	Tallahassee	32301		
10.4 13	· · · · · · · · · · · · · · · · · · ·			_
ine cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members clessof organization or the operating agreement of the	f the regis lability co of the limited li	tered offic mpany, it i ited liabilit iability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Sionar	ure of a member or authorized representative of a member	Ker	ry Jester	
I hereb provision the obli to mere notifica	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide its reflect a change in the registered office address. It in writing of this change.	, 15/21/1/15/17/	////// /// /// ///////////////////////	dulies and familiar with and account
Signatur	e of Registered Agent			

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