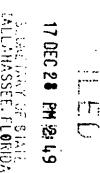


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Hame)					
(Document Number)					
(Edeament Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 984272 4300400							
AUTHORIZATION Spelle man							
COST LIMIT : \$\sqrt{25.00}							
ORDER DATE : December 28, 2017							
ORDER TIME : 12:51 PM							
ORDER NO. : 984272-005							
CUSTOMER NO: 4300400							
CHANGE OF AGENT							
NAME: DOUGLASS & COMPANY CONSULTANTS LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY							
CONTACT PERSON: Roxanne Turner EXT#  EXAMINER:							

## COVER LETTER

~	distration Section vision of Corporations						
SUBJECT:	Douglass & Company Consultan	ts LLC					
SUBJECT.	Nat						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Of	fice Chai	nge and	fee(s) are submitted for filing.			
Please retur	n all correspondence concerning the	nis matte	r to the	following:			
William A. [	Douglass, III						
-	Name of Person			_			
	Firm/Company	<del></del>		<del></del>			
1616 SE 71	h Street						
	Address				32		
Fort Laude	rdale, Ft. 33316				## \$450	17 0	
	City/State and Zip Code			· <del></del>	FXS	DEC 2	
doug@willi	amdouglass.com					<b>C</b>	
E-mai	l address: (to be used for future an	nual repo	ort notif	īcation)		<u> </u>	
For further	information concerning this matter	, please	call:		PRID:	61 to	٠
William A. [	Douglass	at (	954	870-1577 )			
	Name of Person		•	Area Code & Daytime Telepho	ne Number		
Reg Div Clit 266	gistration Section Re vision of Corporations Di- fton Building P.C		AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassec, Florida 32314				
En	closed is a check for the following	ខ្នុង៣០៤០	it:				
<b>a</b> 9	S25 Filing Fee		CI \$5	55 Filing Fee & Cortified 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.

I. Na	me of the limited liability company: Douglass &	Company Con	sultants LLC
2. (a)	1616 SE 7th Street, Fort Lauderdale, FL 33316	(b)	1616 SE 7th Street, Fort Lauderdale, FL 33316
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	June 30, 2016		.16000122136
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records	s of the Florida De	pt. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	<del></del>
	Tallahassee	FL_ 32301	
(b)	William A. Douglass, III		. <u></u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addre	<u> </u>
	1616 SE 7th Street		
	NEW Registered Office Address:		IT DEC
	Fort Lauderdale	FL_33316	Sill 🗪 🛴
the cha agent v was/wa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membed icles of organization or the operating agreement of	s of the register d liability com- ers of the limite	red office and the business office of the registered pany, it is hereby confirmed the the change(s) id liability company or as otherwise provided in
0	- or or grant of the state of t		S. Bronson, Authorized Representative
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of his change.	agree to act in lete performand ided for in Cha s, I hereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signatu	ire of Registered Agent William A. Douglass, III		

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