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

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations						
SUBJECT:	Charles Cohen Consulting, LLC						
ocbsbe i.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and	fec(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the f	following:				
Charles D	. Cohen						
	Name of Person		_				
Charles C	ohen Consulting, LLC						
	Firm/Company		_	SEL			
8320 St. J	ohns Court		_				
	Address			AHASSI			
Wellington	n, Florida 33414			[7] ·			
	City/State and Zip Code		_	ra 2: 42 JF STATE JFLORIDA			
charlescol	henconsulting@gmail.com			2 N			
E-mail	address: (to be used for future and	nual report notifi	cation)				
For further is	nformation concerning this matter	, please call:					
Charles C	ohen	561	676-4762				
	Name of Person		Area Code & Daytime Telephor	ie Number			
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314					
Enc	losed is a check for the following	g amount:					
) Sec.	\$25 Filing Fee \$25 Filing Fee & Certified Copy						

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	1. Name of the limited liability company: Charles Cohen Consulting, LLC					
2. (a)	8320 St. Johns Court		(b) 8320 St. Johns Court			
2. (4)	Principal office address of limited lial		_ (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Wellington, Florida 33414		<u></u> .	Wellingto	on, Florida 33414	
	08/22/2016		- <u>L</u>	.1600015	6399	
3.	Date of filing/registration in	Florida	4.		Document number	
5. (a	United States Corporation Age	ents, INC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13302 Winding Oak Court A			;		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33612			-		
		, FL			₽ ₀ >	
(b)	Enter name of <u>NEW Registered Agent</u> and/o			ress:	2011 JUL 30 F	
	Charles D. Cohen				PS N	
	NEW Registered Office Address:					
	8320 St. Johns Court					
	Wellington	, FL	33414			
the chagent was/v	limited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fivere authorized by an affirmative vote of ticles of organization or the operating a	street address of t Florida limited liat of the members of	he regist pility con the limit imited lia	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Sim	ature of a member or authorized representative	of a member	Cha	rles D. Co	Printed or typed name of signee	
I her provi. the ol to me notifi	eby accept the appointment as registere sions of all statutes relative to the prop	ed agent and agre er and complete p	erforma for in Ci	nce of my a hapter 605	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or if this document is being filed	