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(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
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(Document Number)						
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COVER LETTER

Division of Corporations							
Viljoen Consulting Service	Viljoen Consulting Services, LLC Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the following:						
Gary M Viljoen							
Name of Person							
Viljoen Consulting Services, LLC							
Firm/Company							
2101 Chestnut Forest Drive							
Address							
Tampa, FL 33618							
City/State and Zip Code	•						
gary@viljoencpa.com							
E-mail address: (to be used for future a	nnual report notification)						
For further information concerning this matt	er, please call:						
Gary M. Viljoen	813 385-6020						
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 followi	ng amount:						
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

TO: Registration Section

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.

Na	me of the limited liability company: Viljoen Consult	ing S							
1)	2101 Chestnut Forest Drive, Tampa FL 33618	(2101	1 Chestnut					
· / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	0 1 0 0040	-		00164571					
	September 6, 2016	4.		0164571	ent nun				
	Date of filing/registration in Florida	⁴,		Docum	iciii iitiii	1001			
	TK Registered Agent, Inc.	121 1		2.5.					
	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. o	i State:					
	101 E KENNEDY BLVD	nnere	<u> </u>						
	Registered Office Address (MUST BE FLORIDA STREET AL	mar.S	<u>.5/</u>			⋥			
						TTT.	19		
	Tampa	3702				至	APR	Ш	
	Registered Agents, Inc.					ARY SSE	19		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	idress:				7	<u> </u>	
	Titles mane of the second seco					원 전 2 전	$\ddot{\mathcal{S}}$	O	
	7901 4th Street N., Suite 300					AU.	6 <u>9</u>		
	NEW Registered Office Address:								
	St. Petersburg	3702							
hai W Ve rtic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility o the lis	istered (ompany nited lia Tiability	office and the compability company.	e busine y confiri any or a	ess office med that s otherv	e or tr t the c vise p	hange(s) rovided in	
	ure ova member or authorized representative of a member			Gary	<u> 19</u>	Vilj	ۍ ر <u>ن</u> —	_ V \ 	
	"Agranged"				- '		-		
sic bli re	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in priting of this change.	e to ac for in ereby c	t in this nance of Chapter confirm	s capacity. If f my duties, (r 605, F.S.) that the lim	further and Lan Or, if th ited liab	agree to n familie is docum ility con	o com ar wit. nent i. upany	pty with H h and acce s being file s has been	

Signature of Registered Agent