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## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
SUBJECT: Denise Coffey 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:					
Denise Coffey  Name of Person  Denise Coffey Consulting LLC  Firm/Company					
142 Citrus Aue Address					
Dunedin, FL 34698 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Denise Coffey at (630) 841-0040  Name of Person Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Division of Corporations  Division of Corporations  Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
<b>№</b> \$25 Filing Fee <b>№</b> 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. Nat	me of the limited liability company: Denise	Coffey	Consulting	LLC
	142 Citrus Avenue	,	Citrus Av	<u>enue</u>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited lis (Note: MAY BE POST O	
	Dunedin, FL 34698	Du	nedin, FL	34698
		1	00-17000	0
3.	September 13, 2016 Date of filing/registration in Florida	4.	$\frac{00017092}{\text{Document number}}$	<u>.                                    </u>
5. (a)	Legaline Corporate Se Registered Agent and Registered Office shown on the records of the	rvices.	Inc.	
( <del>-</del> )			پې څول	201
	5237 Summer In Compression Registered Office Address (MUST BE FLORIDA STREET A			2017 OCT
	Suite 400	<u>2000)</u>		C) (June
	Fort Myers ,FL	33907	\$54 - 	uga valor o € ~ ∑ u
	ŧ		————————————————————————————————————	PH 77:
(b) _	Denise Coffey Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	1.5	154 <b>'68</b> '7
	1110 Ć 1			
	142 Citrus Avenue NEW Registered Office Address:		<del></del>	
	Bucc			
	<b>3</b>	2		
	Dunedin ,FL	34698	<u>&gt;</u>	
the char	mited liability company is not organized under the law age or changes are made, the Florida street address of t	the registered offi	ce and the business offic	e of the registered
was/we	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	f the limited liabil	ity company or as otherw	the change(s) vise provided in
the artic	cles of organization or the operating agreement of the I	•	ise Coffey	
	ure of a member or authorized representative of a member		Printed or typed name of si	•
I hereb provision the obli	y 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 ly reflect a change in the registered office address, I h	ee to act in this ca performance of m I for in Chapter 61	pacity. I further agree to y duties, and I am familia 05 F.S. Or if this docum	o comply with the ir with and accept nent is being filed
to mere notified	ly reflect a change in the registered office address, I h in writing of this change.	ereby confirm tha	it the limited liability con	npany has been
Signatur	Lenice Coffey e of Registered Agent			
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