L16000 192 502

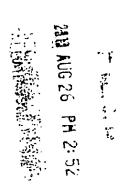
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

·	COVER L	ETTER	
TO: Registration Section Division of Corporations			M626 PM 2:53
Vogelsport Consulting, LLC SUBJECT:			7
	e of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the	following:	
Howard Vogel			
Name of Person			
Tant of Comm			
Vogelsport Consulting, LLC			
Firm/Company			
10851 Panicum Ct			
Address		_	
New Port Richey, FL 34655			
City/State and Zip Code		_	
howard@vogelsport.com			
E-mail address: (to be used for future annual	ual report notifi	cation)	
For further information concerning this matter,	please call:		
Howard Vogel	860	508-2420	
Name of Person	ur (Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS:	MA	MLING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tai	lahassee, Florida 32314	
Enclosed is a check for the following	amount:		

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

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	ime of the limited liability company: Vogelsport	Consulting, LLC			
2. (a)	10851 Panicum Ct	(b) 1085	(h) 10851 Panicum Ct		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New Port Richey, FL 34655	New I	Port Richey, FL 34655		
	October 18, 2016	L1600	0192502		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Corporation Service Company				
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:		
	101 Hays Street		م		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
			AUG 26 PM		
	Tallhassee	FL_32301	<u> </u>		
• (b)	Howard Vogel Enter name of NEW Registered Agent and/or NEW Registered Agent	red Office address:	H 2: 53		
	10851 Panicum Ct				
	NEW Registered Office Address:		<u> </u>		
	New Port Richey	FL 34655			
		FL 0 1000			
the cha agent v was/we	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 membericles of organization or the operating agreement of	s of the registered of I liability company, rs of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in		
		Howard Vo	ogel		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and completes of all statutes relative to the proper and completigations of my position as registered agent as provided reflect a change in the registered office address, the provided of this change. The of Registered Agent	agree to act in this c ete performance of i ided for in Chapter . I hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		