L17000001754

(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:				

Office Use Only



000297134500

03/27/17--01016--021 **25.00

FILED

MIN NAM 27 P 12: 06

SECRETARY OF STATE

S Warren MAR 2 8 2017

COVER	LETTER

Registration Section

Division of Corporations

STEPHEN G KUBALA 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:

STEPHEN KUBALA
Name of Person

STEPHEN L. KUBALA CONSULTING LLC
Firm/Company

332 TOLDEDO RD
Address

DAUEN FORT, FL. 33837 City/State and Zip Code

STEVEK 7450 & COMAIL, COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN KUBALA at (239) 825-2058

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 following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified 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.

1. N	Name of the limited liability company: 5730 HEN L	KUBA	LA CONSULTI	NG LLC
2. (a)	1) LIBRED-WHITEL (b))		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N	Mailing address of limited liab	
	13150 WHITE HAVEN CN 4 133	1316	TO WHITEHAN	en LN # 133
	FT MY 8725, FL 33966	FT. A	yens, FL	33966
	$\frac{1/03/2017}{\text{Date of filing/registration in Florida}}$	41	700000175	4
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	a)	Dent of State	- •	
				> *
	STEPHEN L. KUBALA Registered Office Address (MUST BE FLORIDA STREET ADDRESS	 D	- (13 - T	T
	13150 (NHITEHAVEN CN #133		EAS.	FILED
	IT. Myens ,FL 33		32	T P
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/_VV	FES	N N
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u>		ORIE	D: 06
	Enter name of NEW Registered Agent and/or NEW Registered Office ad-	dress:	→ →	
	NEW Registered Office Address:		•	
	332 TOLDEDO ROAD		-	
	DAVENPORT, FL 33.	837		
the chagent was/w	e limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability of were authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited	stered office ompany, it is sited liabilit	e and the business office s hereby confirmed that y company or as otherwi	of the registered the change(s)
	gnature of a member or authorized representative of a member	TEPHE	Printed or typed name of sig	mee
I here provis the ob to men notifie	gradure of a member or authorized representative of a member accept the appointment as registered agent and agree to accept the appointment as registered agent and complete perform obligations of my position as registered agent as provided for in a creative to the registered office address, I hereby called in writing of this change. The half when a complete the complete address and the complete address and the complete address. I hereby called in writing of this change.		••	
B.i.a.	/			