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## COVER LETTER

TO: Registration Section Division of Corporations	, i
SUBJECT: 11/2 Consulting Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Michele Krause Name of Person	
MLK Consulting Firm/Company	
7637 Charleston St. Address	<del></del>
University Pork, FL 3420 City/State and Zip Code	
Michele Kravse 9 me. E-mail address: (to be used for future annual repo	COM rt notification)
For further information concerning this matter, please e	all:
Michele Kravse at (at (	941 ) 457 - 7880 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
\$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.

I. Na	me of the limited liability company:	ulting	MC		
	7637 Charleston Str	•	7637 Cha	Mestan St.	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address o	of limited liability com BE POST OFFICE BE	ipany:
	University Park, FL 34201	<u>U.</u>	piversity Pa	ork, FL 3	4201
			/		
	Feb 22 2017	2	1700004)	1950	
3.		4.	Document nu		
5. (a)	United States Corporation Agents. Registered Agent and Registered Office shown on the records of the I	/// C Florida Dept	of State:		
	5575 S. Semoran Blvd.	•			
	Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)	· · · · · · · · · · · · · · · · · · ·		
	Sulte 36			2020 SEU Ti	
	<u> Orlando</u> .FL	3282	<u> </u>	020 MAR SECRED	<b>"T</b>
(b)	Michele Krause			AHA:	(TAS-44
(1)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice address	<del></del>	SE PH	8 <u></u> )
	7637 Charleston St.			#26 #FE	
	NEW Registered Office Address:			(m) 0.	•
		2401	<i>'</i>		
	University Park .FL	3920	<u>/</u>		
change	mited liability company is not organized under the laws of changes are made, the Florida street address of the regifil be identical. Or, in the case of a Florida limited liabil	gistered off	fice and the business	office of the regis	stered
was/wo	re authorized by an affirmative vote of the members of the eles of organization or the operating agreement of the lim	ne limited	liability company or	as otherwise prov	ided in
tile arti	Mil 1 9			(rouge	
Signat	ure of a member or authorized representative of a member		Michele M Printed or typec	I name of signee	
provisi the obli to mere notified	oy accept the appointment as registered agent and agree to the proper and complete per gations of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the reflect a change in the registered office address. I here in writing of this change.	to act in the formance or in Chapt why confirt	is capacity. I further of my duties, and I a fer 605, F.S. Or, if if n that the limited liai	r agree to comply in familiar with a his document is he hility company ha.	with the ad accept vine filed s heen
Signatur	e of Registered Agent				