117000055176

(Requestor's Name)	
(10,1	
(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:	





600305741016

11/20/17--01012--006 **25.00

61:8 W 02 AUN AL

NOV 2 0 2017 Y SULKER

COVER LETTER

Division of Corporations	
	TRACE SIN CONSULTING arms of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SSIA TRAP	<u></u>
JUSSICA TURNER SIL	
7027 4 JOS-1 Address	-Bruxed Blud #260
Platation For City/State and Zip Code	1 33317
Email address: (to be used for future a	Sluconsulting, Com
For further information concerning this matt	er, please call:
JUSSICG TUENER Name of Person	at (951) 5367372 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 follow	ing amount:
525 Filing Fcc	□ \$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. :	Nar	me of the limited liability company:	19_
2. (a	ι) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:
		Plantation, FC 33317	
3.	-	Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		7027 West Broward Bluit #260	
		Plantation, FL 33317	
(b) .	Plantation, FL. 33317 Sold A TURNER Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		*	
		7027 West Brucrd Blud #260	
		NEW Registered Office Address:	
		Plantation, FL 33317	
the ager	cha at w /we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a large or changes are made, the Florida street address of the registered office and the business office of the registly be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provide icles of organization or the operating agreement of the limited liability company.	istorec e(s)
		ature of a member or authorized representative of a member Printed or typed name of signee	
I he pro the to n noti	erei visi obl vere fied	who accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being reflect a change in the registered office address. I hereby confirm that the limited liability company has been do not be a change.	ith the accep g filed been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00