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





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COVER LETTER

COVER LETTER				
TO: Registration Section Division of Corporations	Po Jan San San San San San San San San San S			
SUBJECT: hinda doclarood Consulting Soll Name of Limited Liability Company	utrons LLD			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are subm	itted for filing.			
Please return all correspondence concerning this matter to the following:				
Linda Lockwood				
Name of Person				
Linda Lockwid Consulta Solutions				
6853 Woodiered &. Address				
Savasota F2. 342-31 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (410) 310 Area Code &	Daytime Telephone Number			
P.O. Box 6327 The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810			

S55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

l. Na	me of the limited liability company:	Linda Lockwaa	e Consally Solitism	s 4c
	6853 Woodund By	′(b)	0	
() .	Principal office address of limited liab	oility company:	Mailing address of limited liability	
	(Note: MUST BE STREET AL		(Note: MAY BE POST OFFIC	<u>:E BOX</u>)
1. 1. L 1	Sarasoto, M.342	$\frac{5}{2}$	· / C · · · / T/ 2/	
XXX /	ormer Address 4119	Kobouts Point UT	ale savasotate 34	347
	March 13, 2017		4700005688	
3.	Date of filing/registration in	Florida 4.	Document number	_
5. (a)	Registered Agent and Registered Office show	Ley, US Corp Age	nts	
				•
	United States Corp. Registered Office Address (MUST BE F.E.	MANA MACINE, // ORIDA STREET ADDRESS)	ie i	
		& DOK KAR Court	,	三 5
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	unyou Th. 30	? <i>(61 ≥</i> , FL		工
(b)	Linda Lochicora	C, RIU, MBA		6 9
	Enter name of NEW Registered Agent and/o			
	6853 Woodwas	(Ar		
	<u>NEW</u> Registered Office Address:			
	<u>Sarasota</u>			
		, FL <i>3N</i> 23/		
If the lin	mited liability company is not organiz	ed under the laws of the State	of Florida, it is hereby confirmed	that after the
agent w	or changes are made, the Florida streetill be identical. Or, in the case of a Fl	orida limited liability company	, it is hereby confirmed that the c	change(s)
was/wei	re authorized by an affirmative vote o les of organization or the operating ag	f the members of the limited li- greement of the limited liability	ability company or as otherwise p company.	rovided in
	huse loducer		Printed or typed name of signice	
	ire of a member or authorized representative of		,,	
I nereo provisió the obli	y accept the appointment as registered ins of all statutes relative to the prope	d agent and agree to act in this r and complete performance o	capacity. I further agree to com my duties, and I am familiar with	ply with the h and accept
to merei notified	ns of all statutes relative to the prope yations of my position as registered a ly reflect a change in the registered of in writing of this change.	fice address, I hereby confirm	that the limited liability company	has been
h	nela lockumo			
Signature	of Registered Agent			