

L17000060932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

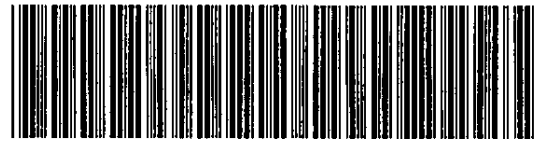
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TALLAHASSEE, FLORIDA

K. SALY

APR 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOEL PRESCOTT 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:

JOEL PRESCOTT
Name of Person

JOEL PRESCOTT CONSULTING LLC
Firm/Company

140 95TH AVENUE
Address

TREASURE ISLAND FL 33706
City/State and Zip Code

JOEL PRESCOTT 1 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL PRESCOTT at (727) 421-3192
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

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. Name of the limited liability company: JOEL PRESCOTT CONSULTING LLC

2. (a) 140 95TH AVENUE (b) 140 95TH AVENUE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

TREASURE ISLAND FL 33706

TREASURE ISLAND FL 33706

3. MARCH 16, 2017
Date of filing/registration in Florida

4. L17000060932
Document number

5. (a) LEGALINK CORPORATE SERVICES INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 400
FORT MYERS, FL 33907

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TALLAHASSEE, FLORIDA

(b) JOEL PRESCOTT
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

140 95TH AVENUE

NEW Registered Office Address:

TREASURE ISLAND FL 33706

TREASURE ISLAND, FL 33706

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

JOEL PRESCOTT
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2018

JOEL PRESCOTT CONSULTING LLC
JOEL PRESCOTT
140 95TH AVE.
TREASURE ISLAND, FL 33706

SUBJECT: JOEL PRESCOTT CONSULTING LLC
Ref. Number: L17000060932

We have received your document for JOEL PRESCOTT CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00005919

RECEIVED

2018 APR -4 AM 9:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310