117000060932

(Re	equestor's Name)	100		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
i.				
RA Sign				

Office Use Only



400310753084

03/22/18--01010--027 **25.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

K. SALY

APR 6 2018

COVER LETTER

TO: Registration Section Division of Corporations					
Ý					
SUBJECT: JOEL PRESCOTT CONSULTING, LLC					
Name o	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 n	natter to the following:				
Joel Prescott Name of Person					
JOEL PRESCOTT CONSULTING LLC Firm/Company					
140 95TH AVENUE					
Address					
TREASURE ISLAND FOR 33706					
City/State and Zip Code					
TOEZ PRES Cott 1 @ 6M4/L. 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:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	runanassee, i fortua 32377				
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.

2. (a) 140 95 MANENC Principal office address of limited liability company: (Note: MAST BE STREET ADDRESS) TEXTSURE Slaw ft 33706 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TREASURE Slaw ft 33706 MARCH 16, 2017 LIT 0000 609 3 2 3. Date of filing/registration in Florida 4. Document number 5. (a) LEALING LORDRATE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5237 SummEPLIN Commanus Registered Office Address THO 95TH ANENU E NEW Registered Agent und/or NEW Registered Office address: 140 95TH ANENU E NEW Registered Agent and/or NEW Registered Office address: WEARSURE Slaw Ft 33907 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes or 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 changes (s) was were authorized by an aftirmative vote of the members of the finited liability company or as otherwise provided in the articles of organization goine operating agreement of the limited liability company or as otherwise provided in the articles of organization goine operating agreement of the limited liability company or as otherwise provided in the provisions of all stantage registered agent and complete performance of my duties, and I am familiar with and registered to gent us provided for m Chapter 605, Fs. Or, if this document is being filed to guerty effect a chapter in the registered office address. Thereby confirm that the limited liability company has been stigling to my my my time the gent and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete for member of the obligations of any position as registered agent and complete for member of the formance of my duties and I am f	1. Name of the limited liability company:	SCOTT	Consuc	time LCC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) TRANSITE SUMD 33706 MARY BE POST OFFICE BOX) TRANSITE SUMD 33706 TRANSITE SUMD 33706 LEALING Corporate Services INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5237 SUMMERUL COMM BUS Registered Office Address MUST BE FLORIDA STREET ADDRESS) STE 400 FORT MYERS FL 33907 (b) JOET PRES WH Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 95Th AWEN U E NEW Registered Office Address: TRESSURGE SUMD 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 is the replaced office and the business office of the registered Office and provided in the articles of organization achieved 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 flammatic with and accept the ability and positions of any position 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 flammatic with and accept the obligations of my position 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 am flammatic with and accept t	2. (a) 140 95 ThAVENUE	(b)	140	95th AVENUE
MARCH 16, 2017 LITO00060932 3. Date of filing/registration in Florida 4. Document number 5. (a) LECALING LORDENTE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: \$\frac{5237}{5237} \frac{5 \text{Um MERCL N Corm Mons}}{\text{Registered Office Address (MUST BE FLORIDA STREET ADDRESS)}} \$\frac{5 \text{FL YOO}}{\text{Enter name of NEW Registered Agent and/or NEW Registered Office address:} \[\frac{140}{140} \frac{9576}{140} \frac{4 \text{WEN VE}}{\text{NEW Registered Office Address:}} \[\frac{140}{140} \frac{9576}{140} \frac{4 \text{WEN VE}}{\text{NEW Registered Office Address:}} \[\frac{140}{140} \frac{9576}{140} \frac{4 \text{WEN VE}}{\text{VEM VE}} \] 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 and the operating agreement of the limited liability company or as otherwise provided in the articles of organization and the operation agree to act in this capacity. I further agree to comply with the provisions of all stantales relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations as registered agent as provided for in Chapter 055. S. Or, if this document is being filed to mercity reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been of the data of the confirmation of the limited liability company has been of the confirmation of the limited liability company has been of the confirmation of the limited liability company has been of the confirmation of the limit	Principal office address of limited liability company:	_ (-)-	Maili	
3. Date of filing/registration in Florida 4. Document number 5. (a) LECALING CORPORTE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: S237 Summerum Cormons	TRENSURE 15 LAND FC 33706	/ <u>-</u> -	TREAS	:NE ISlow Fl 337
3. Date of filing/registration in Florida 4. Document number 5. (a) LECALING CORPORTE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: S237 Summerum Cormons		-		
S. (a) LEGALUNG CORPORATE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: S237		- ~ -		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: \$237	3. Date of filing/registration in Florida	4.	Do	cument number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: \$237	5. (a) LEGALING CORPORATE SERVICES	INC		
Registered Office Address STE 400 FORT MYENS FIL 33907 (b) TOET PRES COPY Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 9575 AVENUE NEW Registered Office Address: 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties. Or, or, if this document is being filed to pure the complete perform			ept. of State:	
Registered Office Address STE 400 FORT MYENS FIL 33907 (b) TOET PRES COPY Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 9575 AVENUE NEW Registered Office Address: 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete performance of my duties. Or, or, if this document is being filed to pure the complete perform	5237 SUMMERLIN COMME	DNS		
(b) TOEL PRES COST Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 95Th AWEN U.E. NEW Registered Office Address: WEASSWELL 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 of the prevaint of the limited liability company. Signature of a member or authorized representative of a member 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 chapter if the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address. I hereby confirm that the limited liability company has been apply the registered office address.				22 W 3
(b) TOET PRES LOHT Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 957b AVEN UE NEW Registered Office Address: TREASURE SUMD FL 3370b 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 of a member or authorized representative of a member Printed or typed name of signee Thereby 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 filled to pure try effect a chapter in the registered office address. I hereby confirm that the limited liability company has been address.	STE 400			后留 之 五
Enter name of NEW Registered Agent and/or NEW Registered Office address: 140 95Th AWEN U E NEW Registered Office Address:	for Myens , FL	339	07	AN -4
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 of a member or authorized representative of a member Thereby 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 merelly reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	TOT. PRECINT			
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 of a member or authorized representative of a member 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 merety-reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been toolified in writing of his change.	. ,	ffice addr	ess:	
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 of a member or authorized representative of a member 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 puerly reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	140 95Th AVENUE			THE SO
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 of a member or authorized representative of a member 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 chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change	NEW Registered Office Address:			
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 of a member or authorized representative of a member 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 prefer y reflect a chapte in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	theasure formoting			
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 of a member or authorized representative of a member 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 perely reflect a chappe in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this hunge	MENSURT /SUMD_, FL_	33	706	•
Signature of a member or authorized representative of a member 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 chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this funge	the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab	he registe sility com	ered office and pany, it is he	d the business office of the registered reby confirmed that the change(s)
Signature of a member or authorized representative of a member 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 chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this dumpe	the articles of organization or the operating agreement of the li	mited lia	hility compar	ιν
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 chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change	fourt	Ja	BEL PI	205017
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 chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this dumge.	Signature of a member or authorized representative of a member	-	Pri	nted or typed name of signee
Signature of Registered Agent	provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided j to merely reflect a change in the registered office address. I he	e to act it erforman for in Ck ereby con	n this capacit ice of my duti capter 605, F. firm that the	y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
	Signature of Pagistared 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