## L17-000071362

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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August 16, 2023

LIZA ACOSTA 1011 BEECH TREE COVE MARYVILLE, TN 37801 US

SUBJECT: LDGL CONSULTING, LLC

Ref. Number: L17000071362

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 023A00018786

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 464 Consoltma, 446.  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:				
diza Acceta  Name of Person	· <del></del>			
LNGL CONSCIENCY LLC.				
1011 Beech Tree Cove				
Maryville TN 37801 City/State and Zip Code				
E-mail address: (to be used for fujure annual report notification)				
For further information concerning this matter, please call:				
Vi7a Acostaat (at (	S61) 716 · 6894  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:				
☐ \$25 Fifing 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. Nai	ne of the limited liability company: LOGL COSULTING	, LLC.
2. (a) _	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)  (b) 101	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Mayville, TN 37801 Man	juille, TN 37801
3.	3   20   2017 L17   Date of filing/registration in Florida 4.	200571362
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) 733 NW 28th Street  [Dilton Manors FL 3331]	25 FH 5:5
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:  16186 77th Trail N.	
	West Falm Beach FL 33418	
change agent w was/wer the artic	mited liability company is not organized under the laws of the State of Florida street address of the registered office and ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability les of organization or the operating agreement of the limited liability company or authorized representative of a member.	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
I hereb	y accept the appointment as registered agent and agree to act in this capa ns of all statutes relative to the proper and complete performance of my a gations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address. I hereby confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been