

L17000083435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

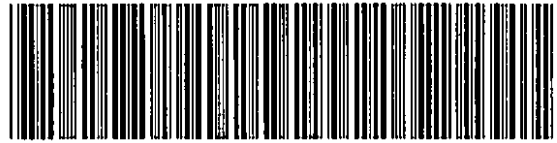
(Business Entity Name)

(Document Number)

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18 AUG 13 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2018

DENISSE JIMENEZ  
2700 GLADE CIR, STE 107  
WESTON, FL 33327

SUBJECT: LA&C FINANCIAL CONSULTING, LLC  
Ref. Number: L17000083435

We have received your document for LA&C FINANCIAL CONSULTING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 518A00015555

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA&C FINANCIAL 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:

**DENISSE JIMENEZ**

Name of Person

**LA&C FINANCIAL CONSULTING, LLC**

Firm/Company

**2700 GLADE CIR. SUITE 107**

Address

**WESTON / FLORIDA / 33327**

City/State and Zip Code

**denisse.jimenez@djc.cl**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ARMANDO SARMIENTO** **305** **4978793**  
Name of Person at ( ) 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.*

**LA&C FINANCIAL CONSULTING, LLC**

1. Name of the limited liability company: LA&C FINANCIAL CONSULTING, LLC  
2700 GLADE CIR. SUITE 107

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
WESTON / FLORIDA / 33327

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

APRIL 13, 2017

L17000083435

3. Date of filing/registration in Florida  
DENISSE JIMENEZ

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)  
2800 GLADE CIR. SUITE 147  
WESTON, FL 33327

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

NEW Registered Office Address:  
2700 GLADE CIR. SUITE 107  
WESTON, FL 33327

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.

Denisse Jimenez  
DENISSE JIMENEZ

Signature of a member or authorized representative of a member Printed or typed name of signer

*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 obligation 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 of Registered Agent

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

2018 AUG 13 PM 3:51  
FILED  
SECRETARY OF  
TALLAHASSEE  
18 AUG 13 PM 3:51