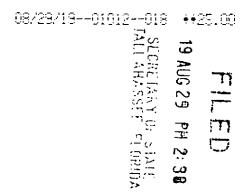
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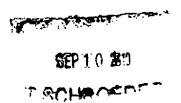
(December 1)							
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRTI	Richard Siegel Consulting, L	.LC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	oclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the f	following:			
Richa	ard Siegel					
	Name of Person		_			
Richa	ard Siegel Consulting, LLC					
	Firm/Company		-			
20283	3 State Road 7 Suite 400					
	Address		_			
Boca	Raton, Florida 33498-6901					
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_			
ricksie	egel01@gmail.com					
E	-mail address: (to be used for future annu	ual report notifi	cation)			
For fur	ther information concerning this matter,	please call:				
Richa	rd Siegel	917 at (836-6910			
	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		Reg Div P.O	ALING ADDRESS: gistration Section ision of Corporations . Box 6327 lahassee. Florida 32314			
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy			
INHS18	3 (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.

. Name of the limited liability compa	Richard Siege	hard Siegel Consulting, LLC				
(a) 20283 State Road 7 Suite Principal office address of limit	400 ted liability company:	(b)	-	of limited liability company:		
(<u>Note: MUST BE STRE</u> Boca Raton, Florida 3349		_	(INOIRE: MAT	BE POST OFFICE BOX)		
Date of filing/registrati	on in Florida	4.	Document r	number		
Registered Agent and Registered Office On Fed States Registered Office Address (MUST)	Curporation BEFLORIDASTREET IMOVAN B	Agen Vol So 328	of State: 1/2 36 2.2	FILED 19 AUG 29 PM 2: 38 SEGRETARY OF STATE FALL ARIASSEE, PLORIDA		
Boca Raton	FL	33498-6901				
the limited liability company is not or e change or changes are made, the Flo ent will be identical. Or, in the case of as/were authorized by an affirmative verse articles of organization or the operation	orida street address of of a Florida limited lia ote of the members o	the registered ability compant of the limited li	office and the bus y, it is hereby con ability company o y company.	iness office of the registere firmed that the change(s)		
Signature of a member or authorized represent	ative of a member		Printed or typ	ed name of signee		
hereby accept the appointment as reg ovisions of all standes relative to the cobligations of my position agregiste merely reflect a change in the registe offied in writing of this change.	proper and complete red agent as provided	performance o I for in Chapte	f my duties, and I r 605 FS Or if	am familiar with and acce this document is being file		
gnature of Registered Agent						