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(Requestor's Name)							
(Ac	ldress)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Do	ocument Number)						
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SHRI	3 POINT CONSULTING, L	LC				
SODJ	JBJECT:					
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	his matter to t	the following:			
Davi	d Alvarado					
	Name of Person					
3 PC	DINT CONSULTING, LLC					
	Firm/Company					
1402	2 NE 2nd Ave.					
	Address					
Delra	ay Beach, Fl. 33444					
	City/State and Zip Code					
dalva	ara75@gmail.com					
	E-mail address: (to be used for future an	nual report no	otification)			
For fu	orther information concerning this matter	r, please call:				
David	d Alvarado	646	256-3293			
	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					
	2 \$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.

1402 NE 2nd Ave.		(h.)	1402 NE 2nd Ave.	E 2nd Ave.	
Principal office address of limit (Note: MUST BE STRE		_ (b) _	Mailing address of limited lia		
Delray Beach, FI 33444			Delray Beach, FI 33444		
09/20/2017		 L	17000195088		
Date of filing/registration	on in Florida	4.	Document number		
UNITED STATES CORPO	RATION AGENTS	, INC.			
Registered Agent and Registered Office 5575 S. SEMORAN BLVD Registered Office Address (MUST Suite 36			ppt. of State:	2019 001	
ORLANDO	, FL	32822		7-2	
David Alvarado Enter name of NEW Registered Agent	Danifor NEW Designant A) C		∰ 8; 3 3	
1402 NE 2nd Ave.	anwor WEW Registered	mice addre	<u>ss</u> .		
NEW Registered Office Address:					
Delray Beach	FL	33444			
limited liability company is not or ange or changes are made, the Flo will be identical. Or, in the case of the authorized by an affirmative victes of organization or the opera	orida street address of to of a Florida limited liab vote of the members of	he register pility comp the limite	red office and the business office pany, it is hereby confirmed that d liability company or as otherw	of the regist the change(s	
They tely?		David	Alvarado		
ature of a member or authorized represent	ative of a member		Printed or typed name of sig	znee	

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 a riting of his change

Signature of Registered Agent