

L180000015926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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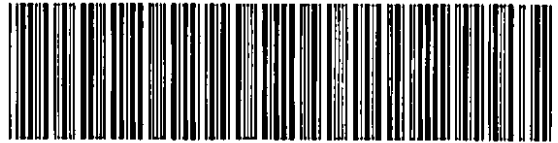
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA Change

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COVER LETTER

TO: Registration Section
Division of Corporations

Parramore Consulting, LLC

SUBJECT: _____
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:

Grantham Tyler Parramore

Name of Person

Parramore Consulting, LLC

Firm/Company

1107 Woodland Ave.

Address

Austin, Texas 78704

City/State and Zip Code

gtylerparramore@gmail.com

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

For further information concerning this matter, please call:

Grantham Tyler Parramore

512

605-0105

at ()

Name of Person

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 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF CONCORDATION
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**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.

Parramore Consulting, LLC	
1. Name of the limited liability company: _____	_____
2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) Austin, Texas 78704 _____ _____	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) Austin, Texas 78704 _____ _____
3. _____ Date of filing/registration in Florida	4. _____ Document number
5. (a) _____ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2609 North Dundee Street _____ Registered Office Address (<u>MUST BE FLORIDA STREET ADDRESS</u>) _____ Tampa, FL 33629 _____ John Fontana (b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 10428 Alcon Blue Dr. _____ <u>NEW Registered Office Address</u> : _____ Riverview, FL 33578 _____	

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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.

Grantham Tyler Parramore

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 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