L18000029966

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COVER LETTER

_	ion of Corporations				
SUBJECT:	PALM HARBOR SAFETY CONS	SULTANT LLC			
Jobane I.	Name of I	Limited Liability Company			
Dear Sir or M	1adam:				
The enclosed	Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please return	all correspondence concerning this ma	tter to the following:			
Howard	l L. Van de Vaarst, Jr				
Name of Person					
PALM HARBOR SAFETY CONSULTANT LLC					
Firm/Company					
2139 Chianti Place Unit 158					
	Address				
Palm	Harbor, Fl 34683				
	City/State and Zip Code				
howard	dvandevaarst@gmail.com				
E-mail	address: (to be used for future annual re	eport notification)			
For further in	formation concerning this matter, pleas	se call:			
Howard	L. Van de Vaarst, Jr	(732) 991-3892			
	Name of Person	Area Code & Daytime Telephone Number			
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
Ճ \$2	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18 (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.

1. N	ame of the limited liability company: PALM HARBO	R SAFE	TY CONSULTANT LLC	
2. (a)	2139 Chianti Place unit 158 Principal office address of limited liability company:	_ (b)	Same Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	Palm Harbor FL. 34683			
	February 02, 2018		L18000029966	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Legalinc Corporate Services Inc.			
	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS _I		
	Fort Myers, FL	33907	JAN 28 AM B: 29 LLANAS SCIENT LURIDA	
(b)	Howard L. Van de Vaarst, Jr			
Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	2139 Chianti Place Unit 158		*	
	NEW Registered Office Address:	•		
	Palm Harbor Fl	34683		
the ch agent was/w the ar	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative yote of the members of icles of organization or the operating agreement of the liability of a member or authorized representative of a member	the registe bility com the limit imited lia Ho	ered office and the business office of the registered office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. byward Van de Vaarst, Jr Printed or typed name of signee	
provis the ob to mei notific	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he are of Registered Agent	ve to act in performan for in Ch ereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	