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(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
CLS Consulting & Audit Serv	vices, LLC
	e of Limited Liability Company
Dear Sir or Madam:	
The applicant Degistered Appet/Degistered Offic	on Change and foo(s) are submitted for filing
The enclosed Registered Agent/Registered Office	ce Change and ree(s) are submitted for fining.
Please return all correspondence concerning this	s matter to the following:
Christine Lyn Schreiner	
Name of Person	
CLS Consulting & Audit Services, LLC	
Firm/Company	
23551 E. State Road 44	
Address	
Eustis, Florida 32736-9360	
City/State and Zip Code	
cschreiner@embarqmail.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Christine Lyn Schreiner	. 352 978-8267
Name of Person	at () Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
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.

Na	me of the limited liability company: CLS Consult	ing & A	udit Serv	ices, LLC
(a)	23551 E. State Road 44	(_{b)} 23551	E. State Road 44
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Eustis, Florida 32736-9360		Eustis,	Florida 32736-9360
	02/05/2018		L180000	031191
	Date of filing/registration in Florida	4.		Document number
(a)	Registered Agents Inc.			
(4)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta	ute:
	Registered Office Address (MUST BE FLORIDA STREET) 3030 N. Rocky Point Drive, Ste 150A	<u>ADDRES</u>	<u>S)</u>	BIVISION SECRI
	Tampa, _{FI}	33607	,	B 1
(b)	Christine Lyn Schreiner Enter name of NEW Registered Agent and/or NEW Registered Office address:			PED STATE
	23551 E. State Road 44			∽ 蒙
	NEW Registered Office Address:			_
	Eustis , FI	32736	6-9360	_
e cha gent v as/we e arti Signa	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age in one of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I	f the regiability of the line e limited	istered officompany, it mited liability conristine Ly	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. In Schreiner Printed or typed name of signee

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

Signature of Registered Agent