1180000 64510

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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O SIMMONS APR 14 2020

COVER LETTER

	istration Section ision of Corporations	4	•
SUBJECT:	William Reis Consulting LLC		•
oobober.		e of Limited Lia	bility Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offic	e Change and f	ec(s) are submitted for filing.
Please return	n all correspondence concerning this	matter to the fo	ollowing;
William Reis	s		
<u></u>	Name of Person		_
William Reis	Consulting ELC		
	Firm/Company		_
208 Rosana I	Or		
	Address		_
Brandon FL	33511		
	City/State and Zip Code		_
wrbillca@gn	nail.com		
E-mai	l address: (to be used for future annu	al report notific	ation)
For further i	information concerning this matter, p	olease call;	
William Reis	;	813 at (598-8718
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enc	closed is a check for the following :	imount:	
Q \$	25 Filing Fee	= \$55	Filing Fee & Certified Copy
INHS18 (2/1	4)		

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.	Na	ime of the limited liability company: William Reis Con-	sulting Ll	_C		_
2.	(a)	208 Rosana Dr. Brandon FL 33511	(h	208 Rosar	na Dr. Brandon FL 33511	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	_
3.		03/25/2020 Date of filing/registration in Florida	 - 4.	L18000064	510 Document number	-
5.	(a)	William Reis				
	(6)	Registered Agent and Registered Office shown on the records of t 208 Rosana Dr. Brandon FL 33511	Dept. of Stat	- e:	2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 208 Rosana Dr				2020 HAR	
		Brandon	33511			30
		Barbara Reis			• •	₽.
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-	0 2:
				<u> </u>		0
		208 Rosana Dr, Brandon FL 33511			_	
		NEW Registered Office Address:				
		208 Rosana Dr			-	
		Brandon FL	33511		_	
cha age was	nge nt v s/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the literary Reis	registere bility co f the lim limited I	d office an mpany, it is ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	•
s	igna	ture of a member or authorized representative of a member			Printed or typed name of signee	-
pro the to i	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ocrtorme	ince of my i	duties, and I am familiar with and accept	
المج	nalu	re of Registered Agent				

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

INHS18 (2/14)