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COVER LETTER

Division of Corporations	
Jane Consulting, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Melissa Weitzman	
Name of Person	
Jane Consulting, LLC	
Firm/Company	
9436 Grand Prix Lanc	
Address	
Boynton Beach, FL 33472	
City/State and Zip Code	
kysermar2008@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Melissa Weitzman 95	3192048
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

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	lame of the limited liability company: Jane Consulting,	, LLC	
2. (a)	6752 Coral Reef Street, Lake Worth FL. 33467	(b)	Grand Prix Lane, Boynton Beach, FL. 33472
- · ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	08/11/2020 Date of filing/registration in Florida Melissa Weitzman	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET 6752 Coral Reef Street		2020 AUG SECRETA
	Lake Worth, F	L	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	IRY OF STATE HASSEE, FL
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	9436 Grand Prix Lane		
	Boynton Beach , F	L_33472	
change agent was/w the art Signa I here provis the ob	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members sticles of organization or the operating agreement of the atture of a member or authorized representative of a member and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I	e registered office iability company, of the limited liability of the liabili	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Zman Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed
notifie W	ure of Registered Agent	cuy congum m	писту соприну на осен