## L18 000 133 923

Office Use Only



100410939711

96/23/23--01014--016 \*\*25.00

2023 JUN 23 PM 4: 36 SECRETARY OF STATI

M

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Positive Energy Consultants LLC		
JOBJEC		f Limited	Liability Company
Dear Sir	or Madam:		
The encle	osed Registered Agent/Registered Office (	Change an	d fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this m	atter to th	e following:
Blake Am	nbrester		
	Name of Person		
Positive E	Energy Consultants LLC.		
	Firm/Company	<u> </u>	<u> </u>
4091 AM	TC Center Drive		
_	Address		
Clearwate	er, FL. 33764		
	City/State and Zip Code		
rohom@k	algflorida.com		
E-n	nail address: (to be used for future annual	report not	ification)
For furth	er information concerning this matter, plea	ase call:	
Rohom K		727 it (	269-5300
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number
F C P	Plailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the following am	ount:	
	\$25 Filing Fee	۵	\$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.

. Na	me of the limited liability company:	Consultan	s LLC			
(a)		(t	)			
, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited		
	4091 AMTC Center Drive		4091 AMTC Center Drive			
	Clearwater, FL 33764		Clearwater, FL 33764			
	05/30/2018		L1800013	3923		
	Date of filing/registration in Florida	4.		Document number		
(-·)	Blake C. Ambrester					
i. (a)	Registered Agent and Registered Office shown on the records of	ate:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
	4091 AMTC Center Drive			_	<u>67</u>	23
	Clearwater F	33764 L		_	TACO ECO	023 JUN 23
				_		Ξ
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	38	23
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		Y OF	
	Rohom Khonsari				E S	PH կ։ 3
	NEW Registered Office Address:				구절	ن
	150 Second Avenue North, Suite 970			_	E.	•
	St. Petersburg	33701				
			-	<del></del>		
hange gent v vas/we he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cless of organization or the operating agreement of the later of a member or authorized typesentative of a member	e registero ability co of the lim	d office a mpany, it ited liabil iability co	nd the business office is hereby confirmed th ity company or as othe	of the regis nat the chan erwise provi	tered ge(s)
l here irovisi he obi o mer	by accept the appointment as registered agent and ag ons of all statuted relative to the proper and complete igations of my dosition as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	rce to act perform ed for in ( hereby c	in this ca ince of my chapter 60 infirm tha	pacity. I further agree y duties, and I am Jami 15, F.S. Or, if this doc t the limited liability co	to comply liar with an ument is be ompany has	with the ad accept ing filed a been

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