

L1800013601Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

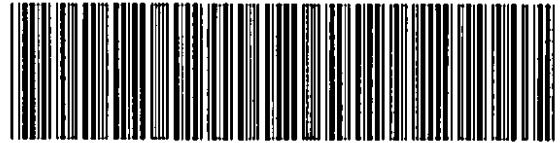
(Business Entity Name)

(Document Number)

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JUL 16 2020

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SECRETARY OF STATE  
20 JUL 16 AM 11:19

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COVER LETTER

TO: Registration Section  
Division of Corporations

3MD CONSULTING LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guillermo Martinez

\_\_\_\_\_  
Name of Person

3MD Consulting LLC

\_\_\_\_\_  
Firm/Company

500 E Las Olas Blvd. Suite 1204

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

Admin@3mdconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Martinez

786

405-6909

at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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

FILED  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
20 JUL 16 AM 11:12

**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.

3MD Consulting LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
 500 E Las Olas Blvd 500 E Las Olas Blvd  
 Suite 1204 Suite 1204

05/31/2018

1.18000136012

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
 5575 S. SEMORAN BLVD SUITE 36  
 ORLANDO 32822  
 FL

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Guillermo Martinez Espinosa

**NEW** Registered Office Address:  
 500 E Las Olas Blvd Apt 1204  
 Fort Lauderdale 33301  
 FL

20 JUL 16 AM 11:12  
 DEPT. OF STATE  
 DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

GUILLERMO MARTINEZ

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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