

L18 000 152 105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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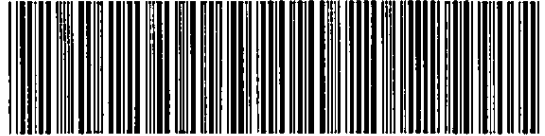
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TADConsulting, LLC

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:

TRACEY D CONLEY

Name of Person

TADConsulting, LLC

Firm/Company

101 ANCHOR DRIVE

Address

PONCE INLET, FL 32127

City/State and Zip Code

GPSANDU.TC@GMAIL.COM

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

For further information concerning this matter, please call:

TRACEY CONLEY

at (757)

635-8124

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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. Name of the limited liability company: TADConsulting, LLC

2. (a) 101 ANCHOR DRIVE (b) 101 ANCHOR DRIVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

PONCE INLET, FL 32127

PONCE INLET, FL 32127

06/20/2018

L18000152105

3. Date of filing/registration in Florida

4. Document number

5. (a) FRIEBIS, DANIEL S

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3890 TURTLE CREEK DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE B

PORT ORANGE, FL 32127

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

TRACEY CONLEY

NEW Registered Office Address:

101 ANCHOR DRIVE

PONCE INLET, FL 32127

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.

Tracey D. Conley
Signature of a member or authorized representative of a member

TRACEY D. CONLEY
Printed or typed name of signee

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.

Tracey D. Conley
Signature of Registered Agent