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Office Use Only



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COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations	•	
SUBJE	CCT: BARRY CONSULTING		
	Name of	Limited Liability Company	
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please i	return all correspondence concerning this ma	atter to the following:	
R	Name of Person		
	Name of Person		
B	ARCY CONSULTING LLC		
	Firm/Company		
87	17 HAMMONDWOOD Rd. S.		
	Address		
SΔ	CKSGNUILLE, FL 32221		
	City/State and Zip Code		
_ √ر	Young 2 & hotmail. Com-		
E-	-mail address: (to be used for future annual r	eport notification)	
For furt	ther information concerning this matter, plea	se call:	
Ro.	NALD-(-YOUNG at	(501) 765.2498	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
	Tallahassee, Florida 32301	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 BOY LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

i. Na	ame of the limited liability company: BRECY (DE		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>\$</u>	717 HAMMONDUGI RI Mailing address of limited liability com (Note: MAY BE POST OFFICE BI
	JACKSONVIlle, FL 32221	. <u> </u>	JACKSONUITE, FL 32.
	7-26-2018		L18000180183 B
3. 5. (a)	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT Registered Agent and Registered Office shown on the records of the 7901 4th STREET N. Registered Office Address (MUST BE FLORIDA STREET AD SUITE 360 ST. PETERSBURG FL	Florida Dept.	
(b)	RONKLD. C. YUUNG Enter name of NEW Registered Agent and/or NEW Registered O 8717 HAMMOND Wood Rd S. NEW Registered Office Address:		
	JACKSONVIILE FL	3222	

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

Signature of a member or authorized representative of a member 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has a notified in writing of this change.

Signature of Registered Agent