

8/23/22, 7:52 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
WILLIAM LARKIN CONSULTING LLC**

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T. LEMIEUX
AUG 24 2022

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: WILLIAM LARKIN CONSULTING LLC

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)

19546 Weathervane Way

19546 Weathervane Way

Loxahatchee, FL 33470

Loxahatchee, FL 33470

08/09/2018

L18000190743

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, FL 32822

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

William Larkin

NEW Registered Office Address:

19546 Weathervane Way

Loxahatchee, FL 33470

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.

William L. Larkin
Signature of a member or authorized representative of a member

William L. Larkin

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.

Diane Larkin
Signature of Registered Agent

Diane Larkin

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

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2022 AUG 23 AM 11:34
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