L18000212514

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								





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5. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Mullin Consulting LLC ECT:		
		Name of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Timoth	ny Mullin		
	Name of Person		_
Mullin	Consulting LLC		
	Firm/Company		
724 Ba	iyway Blvd, apt 2B		
•	Address		<u> </u>
Clearw	vater, FL 33767		
	City/State and Zip Coo	ie	
tmullir	n713@gmail.com		
Ī	E-mail address: (to be used for future	annual report notif	ication)
For fu	rther information concerning this ma	tter, please call:	
Timoth	ny Mullin	201 at (738-5775
	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 follow	ing amount:	
	□ \$25 Filing Fee	■ S	55 Filing Fee & Certified Copy
INHS1	8 (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.

1. Na	me of the limited liability company: Mullin Consulting	LLC					
2. (a)	Mullin Consulting LLC		(b)	Mullin Consulting LLC			
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(υ.	Mailing address (Note: MAY I		-	
	724 Bayway Blvd, Apt 2B			724 Bayway Blvd, Apt 2I	3		
	Clearwater, FL 33767	_		Clearwater, FL 33767			
	09/06/2018		ſ	.18000212514			
3. 5. (a)	Date of filing/registration in Florida Timothy Mullin	4.	-	Document nu	ımber		
J. (a)	Registered Agent and Registered Office shown on the records of the Mullin Consulting LLC	he Flor	rida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDR!</u>	ESS)				
	Palm Harbor . FL	34685				2929 DEC	
(b)	Timothy Mullin					EC 2	• 1 • •
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office	add	ress:			,
	Mullin Consulting LLC				• •	AH 7:	. <u> </u>
	NEW Registered Office Address:					10	
	724 Bayway Blvd, Apt 2B						
	Clearwater , FL	33767					
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or a member or authorized representative of a member	regist bility f the l imite	ere cor imi d li	d office and the business npany, it is hereby confi ted liability company or	office of rmed that as otherw	the reg the cha vise pro	istered inge(s)
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address, I ha kin writing of this change	e to a perfor for it ereby	ict i ma n Ci coi	in this capacity. I furthe nce of my duties, and I a hapter 605, F.S. Or, if th nfirm that the limited lia	r agree to m familia his docum bility com	comply r with a ent is b pany he	y with the ind accept eing filed as been

Signature of Registered Agent