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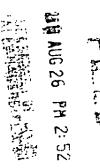
(Requestor's Name)						
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PICK-UP W	AIT MAIL					
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Special Instructions to Filing Officer:						
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COVER LETTER

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TO: Registration Section Division of Corporations	C mited Liability Company
SUBJECT: Ambrosino Biotech Consulting, LL	.c
	mited Liability Company
Dear Sir or Madam:	52
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Paul Elihu Stern	
Name of Person	
Paul Elihu Law and Consulting	
Firm/Company	
6582 Brooklyn Bay Road	
Address	
Keystone Heights, Florida 32656	
City/State and Zip Code	
donna.ambrosino1@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call;
Paul Stern	352 235-9973
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 amoun	nt:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

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	ume of the limited liability company: Ambrosino E	Biote	ch C	Consulting	, LLC	
2. ((a)	2816 SE Duna Driva		6582 Brooklyn Bay Road			
_, ,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Unit 2209					
		Stuart, FL 34996			Keyston	e Heights, FL 32656	
		09/25/2018			L1800022	28100	
3.		Date of filing/registration in Florida	4	•		Document number	
5.	(a)	Paul E. Stern					
٥.	(4)	Registered Agent and Registered Office shown on the records o	f the Fl	orida	Dept. of State	::	
		Registered Office Address (MUST BE FLORIDA STREET	ADDI	RESS	2	(n.o.) (part)	
		201 East Pine Street, Suite 445					
		Orlando	L_328	301		6	
			.,			26 PH 2:	
((b)						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Offic	e ado	iress:	206 26 PM 2:52	
		NEW Registered Office Address:	_				
	•	6582 Brooklyn Bay Road					
		Keystone Heights	, 326	556			
			L				
the age:	cha nt w	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members	of the i iabilit	regis y co	tered office mpany, it is	and the business office of the registered hereby confirmed that the change(s)	
the	arti	eles of organization or the operating agreement of the	e limi	ted I	iability com	pany.	
	1		-	Pau	ıl Elihu St		
		ure of a member or authorized representative of a member				Printed or typed name of signee	
I no pro the to n noti	eret visid obli nere ified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to e perfe ed for herel	orma in C	in this capa ance of my a hapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	
Sku	natur	re of Registered Mont					

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