L18000 288 462

(R	equestor's Name)						
(Address)							
(Address)							
(C	ity/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(В	usiness Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							





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11/18/19--01008--029 **25.00

2019 NOV 18 AM 9: 59 SECRETARY OF STATE

Y SHIKE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Come Together Consulting,	LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	llowing:			
Christ	tine LeLait					
	Name of Person		•			
Come	e Together Consulting					
	Firm/Company		•			
1306	Broome St.					
	Address		-			
Ferna	indina Beach, FL 32034					
	City/State and Zip Code		-			
christ	y@cometogetherconsulting.com					
E	-mail address: (to be used for future ann	ual report notifica	ation)			
For fur	ther information concerning this matter,	, please call:				
Christ	ine LeLait	719 at (459-3695			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	\$55	Filing Fee & Certified Copy			

INHS18 (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.

i. Na	ame of the limited liability company: Come Togeth	er Co	ns	ulting, LLC				
2. (a)				(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1306 Broome St.				
	Fernandina Beach, FL 32034	<u>-</u>		Fernandina Beach,	FL 32034			
	12/17/18		L	18000288462				
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a)	United States Corporation of Agents, Inc.							
	Registered Agent and Registered Office shown on the records of a Cheyenne Moseley Registered Office Address (MUST BE FLORIDA STREET A 13302 Winding Oak Court A			Dept. of State:				
	Tampa , FL	3361	2		TA S	2019 NOV		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address: 1306 Broome St.	Office :	addı	**************************************	TARY OF STATE ASSEC, FLORIDA	V 18 AM 9: 59	FILED	
	Fernandina Beach	3203	4					
the cha agent v was/w the arti- Signa I here provisu the obli to mer, notified	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the function of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have of Registered Agent Division of Corporations • P.O. E	the republity f the limited limited ee to a perfor if for in	gist cor imit d lia act i mact n Ci cor	ered office and the busin npany, it is hereby confi ed liability company or ability company. Printed or typed in this capacity. I furthe nice of my duties, and I a mapter 605, F.S. Or, if the offirm that the limited lia	ness office of irmed that the as otherwise as otherwise d name of signed ar agree to coun familiar whis document ability compan	the rechange provide mply in the anilis bei	gistered ge(s) led in with the d accept ng filed	

FILING FEE: \$25.00

INHS18 (2/14)