## L18000289766

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

Office Use Only



600323731226

01/28/19--01031--029 \*\*25.00

9 JAN 28 AH 10: 29

FEB 08 2019

S. YOUNG

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	Division of Corporations				
SUBJECT:	MIDA Consulting LLC				
	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Offic	ce Change and fe	re(s) are submitted for filing.		
Please return	all correspondence concerning this	s matter to the fo	llowing:		
Daniel Cra	aig-Hallam				
	Name of Person	•	-		
<del></del>	Firm/Company		-		
516 Malco	Im Chandler Lane #106		_		
	Address				
West Palm	n Beach, FL, 33401				
	City/State and Zip Code		-		
danielcraig	g121208@gmail.com				
E-mail	address: (to be used for future annu	ial report notific	ation)		
For further in	nformation concerning this matter, p	please call:			
Daniel Cra	ig-Hallam	772 at (	299 8626		
	Name of Person	····	Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations con Building Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>2</b> \$:	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		

## 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

Florid			
1. Na	ame of the limited liability company: MIDA Consu	ulting LLC	
2. (a)	516 Malcolm Chandler Lane #106	(b)	
<u></u> (u)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach		
	Florida, 33401		
	12/18/2019	L18	3000289766
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Daniel Craig-Hallam		
` '	Registered Agent and Registered Office shown on the records of	of the Florida Dep	ot, of State:
	516 Malcolm Chandler Lane #106		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	West Palm Beach , F	33401	JAN 28 AN 10: 29
(b)	Daniel Craig-Hallam		<b>5</b>
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	29 IUA
	433 Plaza Real		
	NEW Registered Office Address:		
	Suite 275		<u>.</u>
	Boca Raton , F	<sub>L</sub> 33432	
the charagent was/w the art	simited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the operating agreement of the operating agreement of the operation of the	aws of the Sta of the registere liability comp of the limited in limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.  Craig-Hallam  Printed or typed name of signee
provis. the ob- to mer	ions of all statutes relative to the proper and completed ligations of my position as registered agent as provided in the registered agent as provided in writing of this change.	gree to uct m he performance led for in Cha I hereby confi	on the capacity. I farmer agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signati	ire of Reduceral Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00