## 1190000 25023

(Re	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu:	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

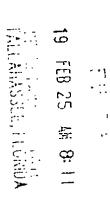
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MAR 0 6 2019 S. YOUNG



## COVER LETTER

O: Registration Section Division of Corporations					
SUBJECT: DHM Consulting LLC  Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Person					
PHM Consulting LLC Firm/Company					
Firm/Company  2263 NW Baca Raten Blvd. Str. 201  Address					
Roca Raton, FL 33431  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Noah Milgrin at (SC) SO4-8292					
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 amount:					
\$25 Filing Fee \$\text{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.

1 107 101	milan /	1	115.	
1. N	ame of the limited liability company:	onsul	Fing	
2. (a)	1177 Hypoloxe Rd.	_ (b)	260 Congress Park Dr.	
	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(Note: MUST BE STREET ADDRESS)		A ( .	
	Lantana, FL 33462		14pt 460	
			Delray Beach, FL 33445	
	-		1	
	1/23/19		L1900BO 25023	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Kyle Patton			
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida D	Dept of State:	
	1177 Hypolito Rd.			
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)		
	1.1	2711		
	Lantang FL	3346		
41.5	Anthony Reeder		A THE	٩.
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addr	Iress:	• •
	\.	A	9.1 m	
	2263 Bow Boca Ration 1	Blud.		, '
	NEW Registered Office Address:			
	Sk. 201			
			•	
	Boca Ration .FL	33H	(3)	
		C	Care of Florida, it is homely confirmed that after	
tho ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of t	the reviste	tered office and the business office of the regist	ered
agent	will be identical. Of, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	bility con `the limit	mpany, it is hereby confirmed that the change(s ited liability company or as otherwise provided	) in
the art	ticles of organization or the operating agreement of the l	imited lia	iability company.	
	/ /W/ 1///0~		Noch Milgrim	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here	eby accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete <u>p</u>	e to act i performa	in this capacity. I further agree to comply with ince of my duties, and I am familiar with and ac	the cept
the ob	tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change of the registered office address. I h	' fór in Cl ereby cor	hapter 605, F.S. Or, if this document is being f Infirm that the limited liability company has bee	îlêd n
notifie	ed in writing of this change.	•		
Signati	ure of Registered Agent			
		an 4227-	- Tallahassas El 22314	
	Division of Corporations P.O. B	UX OSZ/●	■ Tananassee, f L 34314	

FILING FEE: \$25.00