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COVER LETTER

Division of Corporations							
SUBJECT: Deep Rooks 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:							
Alexander Prig Name of Person							
Deep Rosts Consulting LLC Firm/Company							
LYKY SW 30+1 St. Address							
Miani, PL 33155 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Alexander Pin 11,954, 802-6332							
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							

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: Deen	\mathbb{R}^{∞}	+5	Consultin	a LLC
	LOHULY SW 30HS.	(b)		LOLLOH SX	J 30+657.
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limi (Note: MAY BE PO	ted liability company:
	Miani, FL 33155	-	Mia	ani, FL	33155
	2/28/19		110	10000515	529
3.	Date of filing/registration in Florida	4.		Document number	г
5. (a)	Puig, Alex			_	
	Registered Agent and Registered Office shown on the records of t		Dept. of Sta	ite:	
	10464 SW 30th St	•		<u> </u>	Z:: 19
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(DDRESS)</u>			10000000000000000000000000000000000000
				_	表で一下
	Miami FL	33	155		SIE E
	D: Marrala				D 6: 05
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add		_	ONIE OF
			<u>1831</u> .		D 01
	6464 SW 30th S	۲.			
	NEW Registered Office Address:				
	Minimi FL	<u>33</u>	155	<u> </u>	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be dentical. Or, in the case of a Florida limited lia ere authorized by anyaffirmative vote of the members of cles of organization or the operating agreement of the	the regist ibility cor f the limi	ered offic npany, it ted liabili	ce and the business of is hereby confirmed ity company or as of ompany.	office of the registered I that the change(s) therwise provided in
<u> </u>	ture of a megaber or whorized representative of a member		-H	Printed or typed name	Dig
_	by accept the appointment as registered agent and agra	aa ta zizit :	in this car	•	
provisi the obl to mere	or accept inerappointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. In I in writing of this change.	ve to act i performa I för in C. tereby col	nee of my hapter 60 nfirm thai	pacity. I further agy in the lags of the lags of the limited liability	miliar with and accept ocument is heing filed ocompany has been
Signatu	re of Registered Agent				