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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	PURPLE TURTLE CONSULTING LL	C			
0000		of Limited	Liability Company	<u> </u>	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office	Change an	d fee(s) are submitted for	filing.	
Please	return all correspondence concerning this r	natter to the	e following:		
Andres	v Rauch				
	Name of Person				
PURPI	LE TURTLE CONSULTING LLC				
	Firm/Company			<u> </u>	
9605 N	W 26th Ct			23 APR	्रम् स्टब्स्
	Address			R 25	1 730775 "7317475 []
Coral S	Springs, FL 33065				- 6
	City/State and Zip Code	•••		5. 55 5. 55 5. 55	` `
raucha	n1@gmail.com			17 01	
E	-mail address: (to be used for future annua	report noti	fication)		
For fu	rther information concerning this matter, pl	ease call:			
Andrev	v Rauch	269 at (8084683		
	Name of Person		Area Code & Daytime	e Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations thassee treet, Suite 810	
	Enclosed is a check for the following an	nount:			
	\$25 Filing Fee	0 9	□ \$55 Filing Fee & Certified Copy		

INH\$18 (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.	Na	ame of the limited liability company: PURPLE TURY	LE CON		·	
2.	(a)	9605 NW 26th Ct	((b) <u>9605 NW 2</u>	26th Ct	
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Coral Springs, F1. 33065		Coral Sprin	ngs, FL 33065	· ·
		07/22/2019		L190001876	88 ()	ī
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	UNITED STATES CORPORATION AGENTS, INC.				
J. ((α)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE	of the Florid	la Dept, of State	- s:	
		Registered Office Address	T ADDRES	<u> </u>	-	
(t		Jacksonville , F	L_32202		2023 APR	F
	(L .)	Andrew Rauch			25	1
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:		
		9605 NW 26th Ct.				
		NEW Registered Office Address:			ν,, σ	
		Coral Springs, F	FL		•	
ch ag w	ange ent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last each organization or the operating agreement of the	e register liability c of the lir	red office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided i	
		An.		drew Rauch	•	
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	gree to ac e perforn ed for in Thereby c	t in this capac ance of my di Chapter 605, confirm that th	icity. I further agree to comply with the hities, and I am Jamiliar with and acc F.S. Or, if this document is being fithe he limited liability company has been	he ept ed

Signature of Registered Agent