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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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LLC REGISTERED AGENT CHANGE CARLOS FERNANDEZ CONSULTING LLC

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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.

l. Na	me of the limited liability company: Carlos Fe	ernar	idez C	onsulting LLC	
2. (a)	7901 4TH ST N	(b	1		
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 300		4451 N	W 64th Street	
	ST. PETERSBURG, FL 33702	_	Coconut	Creek, FL 33073	
	11/05/2019		L190002	276283	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	NORTHWEST REGISTERED AGENT LLC				
.). (u)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	• ::	
	7901 4TH ST N				
	2				
	STE 300			0201 TAL	
	ST. PETERSBURG ,FL	33702	2	2020 FEB 10 SECRETAR: TALLAHAS	
				ASSET OF THE	
(b) Registered Agents Inc.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad-	<u>gress</u> :	PMI2: 53	
	7901 4th St N			7E	
	NEW Registered Office Address:			-	
	STE 300			-	
	St. Petersburg , FL	33702	2	_	
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi- ability co of the lin- limited l	stered office ompany, it is sited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	Rilling Tak ture of a member or authorized representative of a member		ey Park	Printed or typed name of signee	
I here provisi the obl to mero notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. Bill Havre - Assistante of Registered Agent	perform d for in (hereby c	ance of my Chapter 605 onfirm that	acity. I further agree to comply with the	