LACOCCICC USS

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

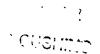
Office Use Only



400391331094

07,/20,/22--01014--007 **25,00

Ba Crand



COVER LETTER

TO:	Registration Section Division of Corporations								
SURI	Global Focus Consulting, LLC								
5010	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.						
Please	return all correspondence concerning	g this matter to t	he following:						
Alain	Charlois								
	Name of Person		·						
Globa	Focus Consulting, LLC								
	Firm/Company	•	- 						
27323	Elwood Dr.								
	Address	· · · · ·							
Bonita	Springs, FL 34135								
	City/State and Zip Coo	ie		25					
acharl	ois@globalfocusconsulting.com		•	173					
	E-mail address: (to be used for future	annual report no	otification)						
For fu	rther information concerning this ma	tter, please call:		B					
Alain	Charlois	248 at (982 8122	- =					
	Name of Person		Area Code & Daytime Telephone Number	ري ب					
	Mailing Address:		Street Address:	. +					
	Registration Section		Registration Section						
	Division of Corporations		Division of Corporations						
	P.O. Box 6327		The Centre of Tallahassee						
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the follow	ing amount:							
	S25 Filing Fee		\$55 Filing Fee & 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. N	ame of the limited liability company:	Consulting, LL	С		
2. (a)	27323 Elwood Dr	(b)	27323 Elwood Dr		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	•	y :
	Bonita Springs, FL 34135	<u></u>	Bonita Springs, FL 34135		
		 -			
	12/17/2019	L	2000000085		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Alain Charlois				
(-	Registered Agent and Registered Office shown on the records	s of the Florida D	Dept. of State:		
	1898() Knoll Landing Dr.				
	Registered Office Address (MUST BE FLORIDA STRE				
					
	Fort Myers	FL_33908			
					
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addr	ess:	202	
	27323 Elwood Dr			· · ·	نست .
	NEW Registered Office Address:			(D)	· ·
				0.	7.1
				7 P	
	Bonita Springs	FL			لسد
10.1				. No.	1
chang agent was/v	limited liability company is not organized under the period or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of the street of the street of the street or organization or the operating agreement of the street or organization or the operating agreement of the street or organization or the street organization organizatio	the registered I liability com rs of the limite	office and the business office pany, it is hereby confirmed t ed liability company or as oth	of the registere that the change(ed (s)
-	Plans	Alain (Charlois		
-	atupe of a member of authorized representative of a member		Printed or typed name of		_
provision the old to me.	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and completing ligations of my position as registered agent as provi- rely reflect a change in the registered office address, and in writing of this change.	agree to act in ele performan ided for in Ch , I hereby con,	this capacity. I further agree ce of my duties, and I am fam apter 605, F.S. Or, if this doc firm that the limited liability c	e to comply wit iliar with and a rument is being company has be	h the accept filed en
Signat	are of Registered Agent				