pg 1 of () 0 21/2020 2:42 PM 15129570210 25 monti **Division** of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H200001521193))) H200001521193ABCV Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : 120100000062 Phone : (888)705-7274 22 AVH BZA Fax Number : (888)706-7274 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 2 Email Address:\_\_\_\_\_  $\odot$ والمحافظة والمحافظة والمراجع والمراجعة والمحافظة والمح LLC REGISTERED AGENT CHANGE DALE CONSULTING GROUP LLC Certificate of Status 0 Certified Copy 0 01 Page Count \$25.00 Estimated Charge 020 MAY 22 

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### COVER LETTER <sup>3</sup>

TO: Registration Section Division of Corporations

# SUBJECT: Dale Consulting Group 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:

# Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Mary Castillo

Name of Person

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

# MAILING ADDRESS:

705-7274

Area Code & Daytime Telephone Number

888

at (

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

#### Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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	Tame of the limited liability company: Dale Consulting Group LLC						
2. (		120 CHIEFS WAY, SUITE 1-1008	3 <sub>(b)</sub>	120 CH	HEFS WAY,	SUI	TE 1	-1008
2. (		Principal office address of limited liability company:	_ 、,	M	ailing address of limit (Note: MAY BE PO)			
		(Note: MUST BE STREET ADDRESS) PENSACOLA, FL 32507		PENS	SACOLA,			
			-					
		5/6/2020		L2000	)0122561			
3.		Date of filing/registration in Florida	4	]	Document number	Γ		
5.	(9)	LEGALCORP SOLUTIONS,	LLC	,				
٦.	(a)	Registered Agent and Registered Office shown on the records of th	ue Florida	Dept. of State:	:			
		3440 W HOLLYWOOD BLV	<u>D.</u>					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE <u>SS</u>					
		SUITE 415						
		HOLLYWOOD	3302	21				
	(b)	Registered Agent Solutions,	Inc.					
	(	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	lress:		<u> </u>		
		155 Office Plaza Dr.				SECR	2020 HAY 22	
		NEW Registered Office Address:					AΥ	-17
		Suite A	<u></u>				22	
		Tallahassee, FL	3230	)1			PH .	i n D
the age wa	ent v s/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the regis ibility co f the lim	mpany, it is ited liability	hereby confirmed company or as o	d that U	he char	egistereu ige(s)

### /s/ Yolanda Jackson

Yolanda Jackson Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ackenzie Hart, Asst. Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00