

L20000145224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

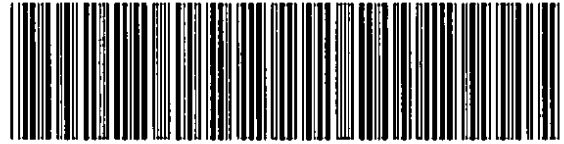
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200347718302

07/17/20--01002--004 **25.00

2020 JUL 31 AM 11:49

C. GOLDEN

SEP - 1 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delegal Aubuchon 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:

Josh Aubuchon

Name of Person

Delegal Aubuchon Consulting, LLC

Firm/Company

201 East Park Avenue, Suite 200B

Address

Tallahassee, Florida 32301

City/State and Zip Code

josh@dacfl.com

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

For further information concerning this matter, please call:

Josh Aubuchon

850

510-4533

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

RECEIVED
2008 JUL 14 PM 12:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2020

JOSH AUBUCHON
DELEGAL AUBUCHON CONSULTING, LLC
201 EAST PARK AVE., SUITE 200B
TALLAHASSEE, FL 32301

SUBJECT: DELEGAL AUBUCHON CONSULTING, LLC
Ref. Number: L20000145224

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE LIST THE NEW ADDRESS FOR THE REGISTERED AGENT IN SECTION 5(B) OF THE REGISTERED AGENT CHANGE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 520A00013598

RECEIVED
2020 AUG 31 PM 1:20
TALLAHASSEE, FL

**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. Name of the limited liability company: Delegal Aubuchon Consulting, LLC

2. (a) change of principal office address (b) change of mailing address

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

201 East Park Avenue, Suite 200B

Tallahassee, Florida 32301

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

201 East Park Avenue, Suite 200B

Tallahassee, Florida 32301

June 3, 2020

1.20000145224

3. Date of filing/registration in Florida

4. Document number

5. (a) change of registered office

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Mark K. Delegal

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

908 NORTH GADSDEN STREET

TALLAHASSEE, FL 32303

(b) change of Registered Agent Office Address

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mark K. Delegal

NEW Registered Office Address:

201 East Park Avenue, Suite 200B

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joshua D. Aubuchon
Signature of a member or authorized representative of a member

Joshua D. Aubuchon

Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00