L20000193975

(Requestor's Name)						
(Address)						
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(riddicco)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Document Number)						
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COVER LETTER :

SUBJECT: Formulations Unlimited Consulting, LLe Name of Limited	Liability Company
Name of Limited	Liability Company
Total of Emmed	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change at	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Stephanie Haller	
Name of Person	
Formulations Unlimited Consulting, LLC	
Firm/Company	
1778 Palisades Dr	
Address	
West Palm Beach, FL 33411	
City/State and Zip Code	
stephanie@formulationsunlimited.com	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Stephanie Haller 718	309-2884
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

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	lame of the limited liability company: Formulations Unli	imited Cons	ulting, LLC		
2. (a)	Stephanie Haller	(b)			
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of lin	nited liability company:	
	1778 Palisades Dr				
	West Palm Beach, FL 33411				
	3/15/2021	12	20000193975		
3.	Date of filing/registration in Florida	4.	Document number	er	
5. (a	Bill Havre				
. , , .	Registered Agent and Registered Office shown on the records of t Registered Agents Inc	the Florida Do	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4th St N Ste 300			2021 JUN -	
	St. Petersburg , FL	33702		JUN -	
(b)	Stephanie Haller				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>:55</u> :	D 9: 06		
	Stephanic Haller		;	06 DA	
	NEW Registered Office Address:				
	1778 Patisades Dr	#**·			
	West Palm Beach , FL	33411			
change agent was/w the art Signa I here provise the obeto mer notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the limited a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete plingations of my position as registered agent as provided ely reflect a change in the registered office address. I have a provided the proper and complete plingations of this change.	registered compfithe limited liab	office and the business office any, it is hereby confirmed diability company or as office company. Stephone 18 Printed or typed name 15	ce of the registered d that the change(s) therwise provided in	
-orignati	re of Registered Agent				