人20000373330

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COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJI	CDTX CONSULTING LLC		
	Nai	me of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
LOVE	TTE DOBSON		
	Name of Person		_
INCFI	LE.COM LLC		
	Firm/Company		_
17350	STATE HWY 249 STE 220		_
	Address		
HOUS	TON, TX 77064		
	City/State and Zip Code		_
EFILE	1234@INCFILE.COM		
E	-mail address: (to be used for future and	nual report notifica	ation)
For fur	ther information concerning this matter	, please call:	
LOVE	TTE DOBSON	888 at (462-3453
	Name of Person		Area Code & Daytime Telephone Number
	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 following	g amount:	
	■ \$25 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. Na	ame of the limited liability company: CDTX CONSUL	TING L	LC	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4792 NW 103 CT		1039 BLUI	EWOOD TERRACE
	DORAL, FL 33178		WESTON,	FL 33327
	11/30/2020		L200003733	30
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
), (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	177
	CARLOS DAVID SMITH CARCANO			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	22)	·
	1039 BLUEWOOD TERRACE			
	WESTON , FL 333			
	, r.	L		- 1.~ 8.3
(b)				4.2
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	•
	LEGALINC CORPORATE SERVICES INC.			
	NEW Registered Office Address:			•
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MYERS	. 33907		
	, F.	L		•
change agent v was/we	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability o of the li	red office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Car	los Muil Smith Carcano	CA	RLOS DAVII	O SMITH CARCANO
•	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac e perforn ed for in hereby	ct in this capa nance of my d Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	re of Registered Agent			