121000190963

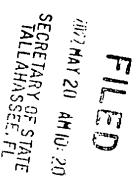
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(Ac	ldress)	<u> </u>			
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PICK-UP	☐ WAIT	MAIL			
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(,			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
	Q. SILAS				
ħ	MAY 26 2022				
		:			
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Office Use Only



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RECEIVED

Letter Number: 622A00010716

Division of Corporations

SECKE MICY COSTATE TALLAHASSEE, FL

May 10, 2022

JOCE FENTON 11391 APACHE PL LARGO, FL 33774

SUBJECT: FNI BUSINESS CONSULTING LLC

Ref. Number: L21000190963

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):

The registered agent must sign accepting the designation.

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.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJE	FNI Business Consulting, LLC		
		me of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered O	Tice Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the	ne following:
Joce Fe	nton		
	Name of Person		
FNI Bu	siness Consulting, LLC		
	Firm/Company		
11391	Apache Pl		
	Address		
Largo.	FL 33774		
	City/State and Zip Code		
jfconsu	lting73@gmail.com		
E	-mail address: (to be used for future ar	nual report no	stification)
For fur	ther information concerning this matte	r, please call:	
Joce Fo	enton	440 at (487-1395
	Name of Person	w (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	g amount:	
	■ \$25 Filing Fee	Ō	\$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.

2. (a)		(b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	11391 Apache Pl		11391 Apache Pl	
	Largo, FL 33774	L	argo, FL 33774	
	4/23/2021	L2	1000190963	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
, ,	Registered Agent and Registered Office shown on the record	s of the Florida De	ept, of State:	
	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	5575 S. SEMORAN BLVD.SUITE 36		∑ : :≥:	
	ORLANDO	FI 32822	ECRE	
		, , L	AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
(b)			NRY	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office addre	Y 20 AM TARY OF AHASSEE	
	Joce Fenton		FILED SECRETARY OF STATE TALLAHASSEE, FL	
	NEW Registered Office Address:		——————————————————————————————————————	
	11391 Apache Pl			
	Largo	. FL ³³⁷⁷⁴		
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member icles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and	the registered of diability compers of the limited the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company. The printed or typed name of signee	

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

Signature of Region