

L21 000 325 214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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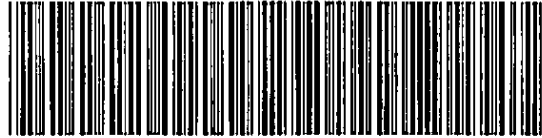
(Business Entity Name)

(Document Number)

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22 OCT 11 AM 5:47
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Julie Richardson 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:

Julie Richardson
Name of Person

Julie Richardson Consulting LLC
Firm/Company

300 Southwind Ct. #202
Address

North Palm Beach FL 33408
City/State and Zip Code

jk2015@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Richardson at (561) 840-5596
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

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

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: Julie Richardson Consulting LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

300 Southwind Ct. #202
North Palm Beach FL 33408

300 Southwind Ct. #202
North Palm Beach FL 33408

3. 7/16/21 Date of filing/registration in Florida 4. 87-1731347 Document number L21000325214 or 0242058411CC

5. (a) United States Corporation Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd. - 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando FL 32822

(b) Julie Richardson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

300 Southwind Ct. #202
NEW Registered Office Address:

North Palm Beach FL 33408

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.

Julie
Signature of a member or authorized representative of a member

Julie Richardson, CEO
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.

Julie
Signature of Registered Agent

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