

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2100048649

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To: Division of Corporations  
 Fax Number : (850) 617-6363

From: Account Name : LEGALZOOM.COM INC.  
 Account Number : 120010900563  
 Phone : (323) 962-9600  
 Fax Number : (323) 389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 SENAMONTREE CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2023 APR 05 11:10:03

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LLC

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**T. LEMIEUX  
 APR - 6 2023**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SENAMONTREE 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

bcasten34@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

at ( 800 )

773-0888 ext 9724

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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.

## SENAMONTREE CONSULTING, LLC

1. Name of the limited liability company: \_\_\_\_\_

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)

3225 MCLEOD DR., SUITE 100

3225 MCLEOD DR., SUITE 100

LAS VEGAS, NV 89121

LAS VEGAS, NV 89121

11/12/2021

L21000488649

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ANDERSON REGISTERED AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

625 E. TWIGGS STREET SUITE 110

TAMPA, FL 33602

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

UNITED STATES CORPORATION AGENTS, INC.

NEW Registered Office Address:

476 Riverside Ave.

Jacksonville, FL 32202

2023 APR 05 AM 11:52  
FILED

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.

Signature of a member or authorized representative of a member

Yuwadee Senamontree

Printed or typed name of signee

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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Signature of Registered Agent