## K21 CC 504425

(Requestor's Name)					
(Nequestor's Marrie)					
(Address)					
(// 0	(Address)				
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)	)			
ertified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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C. BRUMBLEY
DEC 27 2021

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	MACH Solutions Consulting LLC					
JOBOLE		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.			
Please re	turn all correspondence concerning th	is matter to th	e following:			
Santiago	A. Machado					
	Name of Person					
MACH S	Solutions Consulting LLC					
	Firm/Company					
P.O. Box	7631					
	Address		·			
Naples, F	FL 34104					
	City/State and Zip Code					
complete	multisc@gmail.com					
E-r	nail address: (to be used for future and	nual report no	tification)			
For furth	er information concerning this matter	, please call:				
Conchita	Machado	631 at (	750-3061			
	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	g amount:				
į	■ \$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.

ı. Na	me of the limited liability company: MACH Solution	ns Consult	ing LLC	
2. (a)	135 Manor Blvd., Apt. # 403	(1	P.O. Bo	ox 7631
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\	- , <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34104		Naples,	FL 34101
	12/01/2021		L210005	509428
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	United States Corporation Agents, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S. Semoran Blvd. Suite 36	ADDRES	<u>S)</u>	
	Orlando, F	L 32822		2021 SECO TA
(b)	Santiago A. Machado			FIL 2021 DEC 10 SECRETARY TALLAHA
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d <u>Office</u> #	ddress:	FILED  DEC 10 AH 8:  RETARY OF STALLAHASSEE, F
	NEW Registered Office Address:		- <del>.</del>	- FE : 16
	135 Manor Blvd. Apt. # 403		<u> </u>	
	Naples , F	L		<u></u>
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir	ed office a ompany, it nited liabi	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Sunting Walder	Sar	ntiago A. M	Machado
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl to merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change;	ree to ac e perform ed for in hereby c	t in this ca cance of m Chapter b confirm tha	apacity. I further agree to comply with the nv duties, and I am familiar with and acceptos, F.S. Or, if this document is being file that the limited liability company has been
Signatu	re of Registered Agent			