## 122000019779

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALL ANASSES FI

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FEB 2,3 2022 I ALBRITTON

## **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	RES Florida Consulting, LLC				
	Name of Limited Liability Company				
Dear Sir or N	⁄ladam:				
The enclosed	i Registered Agent/Registered O	ffice Change and f	cec(s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to the fo	ollowing:		
Cheryl Lane					
	Name of Person		<del></del>		
RES					
	Firm/Company		_		
6575 West L	oop South, Suite 300		_		
•	Address				
Bellaire, TX	77401				
	City/State and Zip Code		_		
clane@res.us	3				
E-mail	address: (to be used for future a	nnual report notifi	cation)		
For further i	nformation concerning this matte	er, please call:			
Cheryl Lane		832 at (	703-7665		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	closed is a check for the followi	ng amount:			
	\$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

## 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.

		(*)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6575 West Loop South, Suite 300	6575 We	st Loop South, Suite 300
	Bellaire, TX 77401	Bellaire,	TX 77401
	1/19/2022	L2200001	9779
	Date of filing/registration in Florida	4.	Document number
i. (a)			~-
·. (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of St	ate:
	James S. Bassett	- -	AG R
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	34 E. Pine St.		HAN F
	Oriando, F	32801	2022 FEB 14 PM 4: 25 SECRETARY OF STATE STALLAHASSEE, FL
	,	<u> </u>	
(b)			_
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	Corporation Service Company		
	NEW Registered Office Address:		_
	1201 Hays Street		<del>_</del>
	Tallahassee, F	32301	
			<del></del>
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered office a liability company, it s of the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	houldans	Cheryl Lane	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here	by accept the appointment as registered agent and a ions of all statules relative to the proper and complei ligations of my position as registered agent as provic ely reflect a change in the registered office address,	gree to act in this co te performance of m ded for in Chapter 6	apacity. I further agree to comply with the by duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed
I here	by accept the appointment as registered agent and a	gree to act in this co le performance of m led for in Chapter 6	apacity. I further agree to con

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