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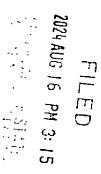
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INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: CT Consulting Service Name of Limit	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Crystal Thompson Name of Person CT Consulting Services LLC Firm/Company		
2740 NW 79th Avenue Address		
Margate, FL 33063 City/State and Zip Code		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ea	all:	
Cristal Thempson at (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	

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. Na	me of the limited liability company: CT CONSU	ulting Services LLC
	2740 NW 79th Avenue	(b) 2740 NW 79th Avenue
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Margate, FL 33063	Margate, FL 33063
		3
	June 30, 2022	L22000296431
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Legal Inc. Corporate Services Registered Agent and Registered Office shown on the records of the	es Inc.
	5237 Summer In Commons	
	Registered Office Address (MUST BE FLORIDA STREET AL	ADDRESS)
	Suite 400	22627
	Fort Myers, (ALC) 339000, FL	L 3390 / B
/L)	Crystal Thompson	B B E
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	d Office address:
	07 C 11	d Office address:
	CT Consulting Services, LL NEW Registered Office Address:	
	2740 NW 7947 Avenue	· · · · · · · · · · · · · · · · · · ·
	LIAO ION TALL	
	Margate FL	1. 33063
change agent v was/we	or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab	
	/ U	Crystal hompson
I la ma	ture of a member or authorized representative of a member	ree to act in this capacity. I further agree to comply with the
provise the obj to mer	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Signature of Registered Agent