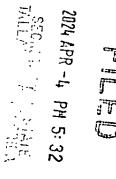


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certificates of Status						
Special Instructions to Filing Officer:						
Limils						





94/04/24--01019--017 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT: ANSEL CONSULTING, LLC							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.					
Please	return all correspondence concernin	g this matter to the	following:					
MICHA	AEL ARDEN ANSEL							
	Name of Person							
ANSEI	CONSULTING, LLC							
	Firm/Company							
5687 W	OODLAND SAGE DRIVE							
	Address							
SARAS	SOTA, FL 34238							
	City/State and Zip Cod	de						
	Lansel@comcast.net							
E	-mail address: (to be used for future	annual report noti	fication)					
For fu	ther information concerning this ma	tter, please call:						
Michae	l Arden Ansel	at (_ 94 1	800-8530					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ving amount:						
	■ \$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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5687 WOODLAND SAGE DRIVE SARASOTA, FL 34238 07/15/2022 Date of filing/registration in Florida		5687 WOC	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DDLAND SAGE DRIVE 'A, FL 34238
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5687 WOODLAND SAGE DRIVE SARASOTA, FL 34238 07/15/2022		5687 WOO	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DDLAND SAGE DRIVE
	5687 WOODLAND SAGE DRIVE SARASOTA, FL 34238 07/15/2022		SARASOT	ODLAND SAGE DRIVE
	SARASOTA, FL.34238 07/15/2022		SARASOT	
	07/15/2022			'A. F1. 34238
			1.220002152	
_	Date of filing/registration in Florida		1,220003137	747
3.		4.	.	Document number
5. (a)				
. (,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State REGISTERED AGENT SOLUTIONS, INC.			DOZY APR -
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2894 REMINGTON GREEN LN., STE. A			
	TALLAHASSEE, I	32308 FL		
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	<u>-</u> 5,400 10
	MICHAEL ARDEN ANSEL			
	NEW Registered Office Address:		<u>.</u>	-
	5687 WOODLAND SAGE DRIVE			
				_
	SARASOTA	34238		
chang agent was/w the art	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 are authorized by an affirmative vote of the members icles of organization or the operating agreement of the work.	aws of the he register liability c s of the lin he limited	e State of Flored office an ompany, it in the state of th	orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. DEN ANSEL.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to men notifie	thy accept the appointment as registered agent and a jons of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, a in writing of this change.	gree to ac le perforn led for in I hereby c	t in this cap lance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed the limited liability company has been