L22000420243

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

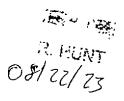
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		♦ • • • • • • • • • • • • • • • • • • •	(g 45
	Hawley Consulting PLLC			
SUBJ	ECT:	Name of Limited I	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.	
	e return all correspondence concerning	_		
Robyi	n Hawley			
	Name of Person			
Hawie	ey Consulting PLLC			
	Firm/Company			2023 AUG
2497	SW 27th Ave, #1068			AUG 2
	Address			22 F
Ocala	, FL 34471			PH 12: 40
	City/State and Zip Cod	le		04
robyn	@hawleyconsultinglcsw.com			
	E-mail address: (to be used for future	annual report not	fication)	
For fu	urther information concerning this mat	tter, please call:		
Robyi	n Hawley	352 at (234-4878	
	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 8 Tallahassee, FL 32303	810
	Enclosed is a check for the follow	ring amount:		
	■ \$25 Filing Fee	٥	\$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.

Name of the limited liability company:	ing PLLC	
2497 SW 27th Ave., #1068	(b) ²⁴	197 SW 27th Ave., #1068
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Ocala, FL 34471	— Oc	cala. FL 34471
9/27/22	L22	000420243
Date of filing/registration in Florida	4.	Document number
Northwest Registered Agent LLC		
Registered Office Address (MUST BE FLORIDA STREET 7901 4th St N Ste 300	(ADDRESS)	
St. Petersbury	L 33702	
Robyn Hawley		2023
Enter name of NEW Registered Agent and/or NEW Registere	d Office address	AUG
Hawley Consulting PLLC		MES AUG 22
NEW Registered Office Address:		PA CONTRACTOR
2497 SW 27th Ave, #1068	· <u>-</u>	PHI2: 40
		3 **
Ocala F	և <u>34471</u> 	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00