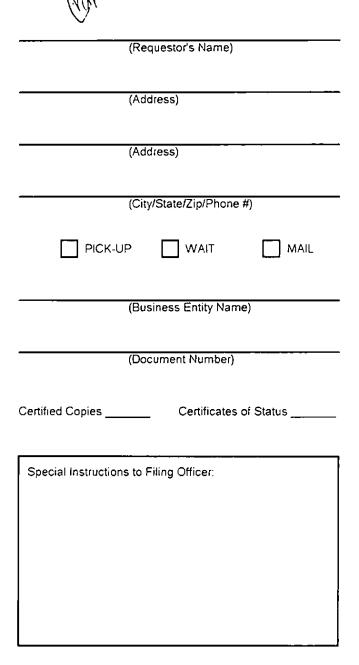
L22000496701



Office Use Only



600421068506

€1.70° 734--01617--006 (**25.00

2024 JAN - 3 AM II: 34 SECHA JARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Ethiologe Home	Consoltant LLC
Name of Limited Lia	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Felicia Ethiologe Name of Person	_
Ethiologe Home Consolton	A LLC
2525 Boyd Rd. Address	_
Posity PL. 32347 City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Felicia Estribge at (850) Name of Person	S43-0428 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

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: Ethiologe Hono Consultent LLC
2. (a) 2525 Boyd Rd (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
POSILE 2221
1814,11.60071.
11/21/2000 L22000496701
3. Date of filing/registration in Florida 4. Document number
5. (a) Legaline Corprate Services Fic.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 Rowside Ave
Jacksonville, FT. 1232002. Tocksonville, FT. 132000.
16) Felicia Estridaz - Estridaz Hone Cansoltent ELE
(b) TO ICC CANOGO - CANOGO HORE COLO
NEW Registered Office Address: RS BOUND RD.
1614 FL 30341.
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was Avere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the afficted of organization or the operating agreement of the limited liability company.
Folicia Ethidae
Menature of a member or authorized representative of a member Printed or typed name of signice
I hereby accept the uppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been souther in writing of this change.
Signal Cut Spistere Aunt
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)