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FILED SEGMETARY OF STATE OF CORPORATION

COVER LETTER

Division of Corporations Frank Lindsey Consulting LLc SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Francis Lindsey	
Name of Person	
Frank Lindsey Consulting LLC	
Firm/Company	
100 Parrott Drive unit 1104	
Address	
Shelton, Ct 06484	
City/State and Zip Code	
franklindscy1949@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	call:
Frank Lindsey 21	03 521 398\$
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 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$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.

1. N	ame of the limited liability company: Frank Lindsey C	Consultin	g (ic			
2. (a)							
2. (4)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	<u>-</u>	((,)	Mailin	ig address of limit te: MAYBE POS	ed liability cor	mpany:
	8735 Coastline Court unit 202			100 Parrott Drive	e unit 1104		
	Napels, FI 34120			Shelton, Ct 0648	<u> </u>		
	April 12, 2023		i.	.23000181356			
3.	Date of filing/registration in Florida	4.	_	Doct	ument number		
5. (a)	Cheyenne Moseley, US Corp. agents						
<i>5,</i> (a)	Registered Agent and Registered Office shown on the records of U.S. Corporation Agents.Inc.	of the Flor	rida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRE	:5 <i>S</i>)				
	476 Riverside Ave,						
	Jacksonville, F	L_32202				2023 MAY 16	# 5.
(b)						YAI	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	add	ress:		16	
	Francis Lindsey					A. 9	RPOR S1
	NEW Registered Office Address:					9: 06	AE AE
	8735 Coastline Court unit 202					<u>ه</u> -	
	Naples , F	. 34120 L)				
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the register in the limited the limited	he S erec con imis d lia	State of Florida, I office and the ipany, it is here ted liability con	business office by confirmed apany or as oth	e of the regi that the cha	stered nge(s)
Signa	nture of a member of authorized representative of a member	_		Print	ted or typed name	of signee	
provis the ob- to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address. If the providing of this change.	e perfor. ed för it	mai v Cl	ice of my duties unter 605 FS	s, and Lam Jan. Or if this do	illiar with a	nd accept oing filod
Sigilate							
-	Division of Corporations• P.O.	Box 63	27	 Tallahassee, l 	FL 32314		

FILING FEE: \$25.00