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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOY HILLOR Management Name of Umited Lia	nt Consutants Lability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Latisha Williams  Name of Person	_
Fortituce Management Co	onsultants LLC.
1300 N.W. 37th Ave Ste 130-	3555
Sainesville Florida 3266  City/State and Zip Code	<u>)</u> 6
E-mail address: (to be used for future annual report notific	100, COM
For further information concerning this matter, please call:	
Latisha Williams at 352 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

☐ \$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.

Name of the limited liability company	. Fortitude	Managen	ment Consultar
2. (a) 9200 N.W. 39th Az	R Stl 130-36	400 The same of th	ila
Principal office address of limited  (Note: MUST BE STREET)		<del>-</del>	ess of limited liability company:  (Y BE POST OFFICE BOX)
	3200b.		
Date of filing/registration,	) in Florida 4.		1849100.
5. (a) Registered Agent and Registered Office sh	ered Agen	t LLC.	Harace
Registered Office Address (MUST RE	SON / FLORIDA STREET ADDRE	SS)	
1150 N.W. 73	and Ave To	July 1 Ste	1,455
MIGINIT	, FL <u>3</u>	<u>31久中</u>	
(b) Latisha Willia	ms.		<b>20</b>
Enter name of NEW Registered Agent an	id/or <u>NEW Registered Office</u> :		SECREI Hay Can
9200 N.W. 39	m Ave. Sto	130-3552	FIL ARN 22
NEW Registered Office Address:			ED DRPDEN PH 6:
Gainesville	. fl. <u>3</u> 2	100Lp	Mine:
If the limited liability company is not orga change or changes are made, the Florida stagent will be identical. Or, in the case of a was/were authorized by an affirmative vot the articles of organization or the operating	reet address of the registe a Florida limited liability of e of the members of the li	red office and the busing company, it is hereby co mited liability company	ess office of the registered nfirmed that the change(s)

attista williams Latisto Nilliams

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent