

L23 000 0235 762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

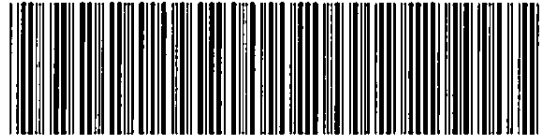
(Business Entity Name)

(Document Number)

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2024 FEB 23 PM 2:34

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Forward Consulting Partners, LLC

\_\_\_\_\_  
Name of Limited Liability 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:

Dillon J. Miranda

\_\_\_\_\_  
Name of Person

Forward Consulting Partners, LLC

\_\_\_\_\_  
Firm/Company

3956 Town Center Blvd Suite 225

\_\_\_\_\_  
Address

Orlando, FL 32837

\_\_\_\_\_  
City/State and Zip Code

Info@forwardconsultingpartners.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dillon J. Miranda

786

3021608

at ( )

\_\_\_\_\_  
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2017 FEB 23 PM 2:34

**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: Forward Consulting Partners LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
3956 Town Center Blvd. Suite 225  
Orlando, FL 32837

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 05/12/2023 Date of filing/registration in Florida

4. L23000235762 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Aleida Cabrera

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2735 Nakina Ct

Orlando, FL 32837

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Dillon J. Miranda

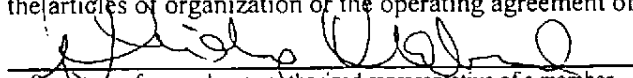
NEW Registered Office Address:

3956 Town Center Blvd Suite 225

Orlando, FL 32837

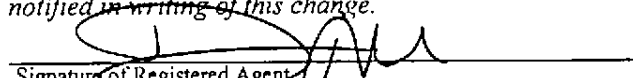
2023 FEB 23 PM 2:34  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 17TH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA

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/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Aleida Cabrera  
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

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