[2400006828]

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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02/26/24--01018--011 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Heidi Wilson Consulting LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matter to th	ne following:					
Heidi '	Wilson							
	Name of Person							
Heidi '	Wilson Consulting LLC							
	Firm/Company		<u>—</u>					
3901 C	Did Mulberry Rd							
	Address	·						
Plant (City, FL 33567							
	City/State and Zip Cod	e						
heidim	wilson@outlook.com							
<u>-</u>	E-mail address: (to be used for future	annual report no	tification)					
For fu	rther information concerning this mat	ter, please call:						
Heidi '	Wilson	813 at (789-4201					
	Name of Person	at (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 follow	ing amount:						
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy					
INHS1	\$ (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.

l. l	Nam	e of the limited liability company:	ulting	LL	.C	
2. (a	ı)			(b))	
•	, —	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3	901 Old Mulberry Rd.			3901 Old M	ulberry Rd.
	P —	Plant City, FL 33567	-		Plant City, F	TL 33567
	Fe	ebruary 6, 2024		ı	_2400006828	11
3.	_	Date of filing/registration in Florida	4.	-	Γ	Document number
5. (ນ ກ	Jnited States Corporation Agents, Inc				
5. (a)		egistered Agent and Registered Office shown on the records of the	Dept. of State:			
	_					
		Registered Office Address (MUST BE FLORIDA STREET A	!	•		
	4	176 Riverside Ave.				
	J	acksonville FL	32202			75 20
(b)	Er	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	N	EW Registered Office Address:				
	3	901 Old Mulberry Rd.				
	p	Plant City, FL_	33567		100000	
chan agen was/the a Sig I her prove the o to me notification.	ge on t wil were rtick reby ision bliggerely ied in	ited liability company is not organized under the law rechanges are made, the Florida street address of the I be identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of es of organization or the operating agreement of the law of a member or authorized representative of a member accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided a reflect a change in the registered office address, I have the proper and complete the proper and complete pations of this change.	registe bility of the linited	recon mi l li	d office and npany, it is leted liability ability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee

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