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| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

J. BRYAN

APR 2 3 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: GENERATOR CON (Name of Limit | ted Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| KIMBERLY A. EISS (Name of Person) | | |
| GENERATOR CONSULTING (Firm/Company) | SERVICES, LLC | |
| 27273 VOYAGEUR DR | SE 2 | |
| PUNTA GORDA FL 3398 (City/State and Zip Code) | TARY OF STATE HASSEE, FLORIDA | |
| For further information concerning this matter, plea | se call: | |
| $\frac{\text{Kim } \mathcal{E}_{ISS}}{\text{(Name of Person)}}$ at (| (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: _GENER | ATOR CONSULTING SERVICES, L |
|--|---|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | : 27273 VOYAGEUR DR. PUNTA GORDA, FL 33983 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 27273 VOYAGEUR DR PUNTA GORDA, FL 33983 |
| OI / O9 / 2002 3. Date of filing/registration in Florida | <u>MOZOOO0084</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: |
| Registered Agent: | DAVID W. EBERHARD |
| Registered Office Address: | 23401 FOXTAIL CREEK BONITA SPRINGS FE 34135 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | V Registered Office address: |
| NEW Registered Agent: | MADISON A. ETS STORY |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | PUNTA GORDA FL 33987 |
| If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) | t address of the registered office and the business use of a Florida limited liability company, it is |
| (Printed or typed name of signee) | - |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change. |
| (Signature of Registered Agent) | |

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