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SECRETARIES AND THE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Williams & Carpenter Integ	grated Systems Consulting, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Toya E Hauf					
Name of Person					
WCIS Consulting, LLC	بحري	a _			
Firm/Company	, the D	ر ا			
335 Vanderbilt Road	2.5 Po. 2 21.0	JAN 12			
Address		3			
Asheville, NC 28803	•	== 			
City/State and Zip Code	2				
teh@wcisconsulting.com					
E-mail address: (to be used for future a	annual report notification)				
For further information concerning this matter	ter, please call:				
Toya E. Hauf	321 735-0492				
Name of Person	Area Code & Daytime Telephone Nur	nber			
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				
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: Williams & Ca	rpenter Integrate	ed Systems Consulting, LLC
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1522 B Pointer Ridge Place	335 Var	nderbilt Road
	Bowie, MD 20716	Ashevill	e, NC 28803
	April 13, 2007	M070000	002164
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Toya E Hauf		*
w. (w.	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Stat	E
	335 Island Oaks Place		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			ν. r>
	Merritt Island	32953	
	, FL_		- - -
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	NORTHWEST REGISTERED AGENT LLC		
	NEW Registered Office Address:		_
	3030 N. Rocky Point Drive, STE 150A		
		·····	_
	Tampa, FL_	33607	_
the chagent was/w the are sign. I here provise the obtonotifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change	the registered offic bility company, it if the limited liabilit limited liability cor	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in an analy. Printed or typed name of signee