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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Communique Consulting LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mery Siegle Name of Person
Communique Consulting LLC Firm/Company
14 Borealis Way Address
Castle Rock CD 80108 City/State and Zip Code
Chertle Communique Consulting uS E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Chery Siegle at (303) Z20 2050 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the F	lorida Department of	i _
State: <u>Communique</u> C	onsulting	LLC	16 SEP
Enter new principal office address, if applicable:			- 22 - 23
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			16 \$EP 26 F 1 29 06
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	pility company is:	11600000	<u>0928</u>
3. Jurisdiction of its organization:	ado		
4. Date authorized to do business in Florida: A	ugust 29	,2016	
SECTION II (5-9 complete only the applicable c	hanges)		
5. New name of the limited liability company: (must	contain "Limited Liabi	llity Company, ""L.L.C.," o	or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adoptir		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our dress here:	records, enter the name of	the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter	r Florida Street Address	
		, Florida	
	City	Zip	Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe	it and agree to act in th and complete performa	nce of my duties, and I am f	familiar with

If Changing Registered Agent, Signature of New Registered Agent

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.

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Act
Mar	Jessica C. Carcoa	na 13787 Ashgrove (irde 34 MAdd
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			Rem
O Attached is a	certificate, if required: no more than 90	days old, evidencing the the official having custody of records in	16

Filing Fee: \$25.00