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(((H24000089241 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

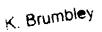
LLC REGISTERED AGENT CHANGE CODE RED CONSULTANTS LLC

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COVER	LETTER
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	egistration Section ivision of Corporations					
SUBJEC [*]	CODE RED CONSULTANTS	LLC				
11000120	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.			
Please reti	urn all correspondence concernir	ig this matter to th	e following:			
Alicia Riel	hards					
	Name of Person					
Registered	Agent Solutions, Inc.					
	Firm/Company					
Corporate	Center One, 5301 Southwest Pkwy.	Ste 400				
	Address		****			
Austin, TN	78735					
	City/State and Zip Co	de				
E-ma	ail address: (to be used for future	annual report no	ification)			
For furthe	r information concerning this ma	itter, please call:				
Alicia Rici	hards	888 at (705-7274			
-	Name of Person		Area Code & Daytime Telephone Number			
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ving amount:				
٥	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
INHS18 (2)	/[4]					

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

→ 18506176383

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.

I. Na	ame of the limited liability company:	NSULT	TANT	'S LLC					
2. (a)	154 TURNPIKE ROAD			(b) 154 TURNPIKE ROAD					
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of (Note: MAY)			-	
	SUITE 200			SUITE 200	1				
	SOUTHBOROUGH, MA 01772		-	SOUTHBO	OROUGH, MA	01772	<u>.</u>		
	2/7/2018		Ν	118000001.	515				
3.	Date of filing/registration in Florida	4.	_		Document nu	ımber			
5. (a)	NATIONAL REGISTERED AGENTS, INC.								
., (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida L	ept. of State	. ::				
	1200 SOUTH PINE ISLAND ROAD								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		-				
	DI ANTE TION	2222			•				
	PLANTATION	3332-	-		-		~		
(b)	Registered Agent Solutions, Inc.				_		2024 HAR	,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office	addr	<u>ess</u> :		-	R -6	~ · · · · · · · · · · · · · · · · · · ·	
	2894 Remington Green Ln.						6 P#		
	NEW Registered Office Address:	•			•		: :. :		
	Ste. A						. 19		
	Tallahassee, Fl	3230	8		_				
change agent v was/wo the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l limite	tered com limit ed lia	office and pany, it is ed liability bility com	I the business hereby confu company or pany.	office of trimed that	he regis the chan	tered ge(s)	
Signal	Christopher J Lynch ture of a member or authorized representative of a member	_			Printed or types		inee		
I herei provisi the obl to merc	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	perfoi d för i hereby	act in rman in Ch v con	i this capa ce of my a apter 605, firm that t	icity. I furthe luties, and I a F.S. Or, if the he limited liad	r agree to m familiar his docume bility comp	comply with an ent is he eany has	with the d accept ing filed been	
	Mackenzie Hibler, Asst. Secre	aan y							

Signature of Registered Agent