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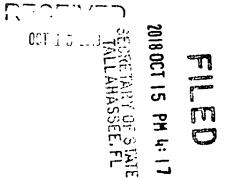
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 23 4.5 S. PRATHER

COVER LETTER

Division of Corporations	
SUBJECT: Ballantine Consult	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) at	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ariana Millar	
Name of Person	
Ballantine Consulting, LL	С
Firm/Company	
6869 Valhalla Way	
Address	
Windermere, FL 34786	
City/State and Zip Code	
amillar@bmg1.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	
Ariana Millar	at () 407-988-7323
Name of Person	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: \$\begin{align*} \text{S30 Filing Fee & Certificate of Status} \end{align*}	☐ \$55 Filing Fee & ☐ \$60 Filing Fee. Certified Copy

TO: Registration Section

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 appear	rs on the records of the Florida	a Department of	
State: Ballantine Consulting, LLC			
Enter new principal office address, if applicable:			
(Principal office address	6869 Valhalla Way		
MUST BE A STREET ADDRESS)	Windermere, FL 34	786	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEGRETATION OF TALLIAHASSE	2018 OCT 15 PM 4:
2. The Florida document number of this limited lia	ability company is: M1800	0008961	<u>-</u> : =
3. Jurisdiction of its organization: VA			
4. Date authorized to do business in Florida: $09/$	/28/2018		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: B (mus	Ballantine Consulting Street Contain "Limited Liability Contain "Limited Liability Contains"	, LLC Company, ""L.L.C" or "LLC	 ")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	inaging members adopting the	g business in Florida and attac alternate name. The alternate	ch a name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our reco	rds, enter the name of the new	<u>.,</u>
Name of New Registered Agent:	 -		
New Registered Office Address:	Enter Flor	rida Street Address	-
		Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this 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.

tle/ Capacity	<u>Name</u>	Address	Type of Action
1GR	R. Thomas Ballantine	6869 Valhalla Way, Windermere, FL 34786	S Add
			Remo
			Add
		TALL	Remo
		AHA U U C C	S PM B: 17
			Add
			Remov
			Add
aforemention	under the law of which this entity is org	by the official having custody of records in the	Remo

Filing Fee: \$25.00