P0600000005088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500321161755

11/29/18--01918--012 **35.00

FILED ANII: 85

RAICHS

DEC 0.7 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Lynn R. Hansel Consulting, Inc. Name of Corporation

P06000065088

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn R. Hansel

Name of Contact Person

Lynn R. Hansel Consulting, Inc.

50 Plantation Drive

Titusville, FL 32780

City/State and Zip Code

Irhansel@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn R. Hansel

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ingestive submitted for a corporation organized under the laws of the State of <mark>Florida</mark> in the control of the state of Florida.
1. The name of t	he corporation: Lynn R. Hansel Consulting, Inc. office address: 50 Plantation Drive, Titusville, FL 32780
	ddress (if different):
4. Date of incorp	poration/qualification: May 8, 2006 Document number: P06000065088
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Kristy A. Mount, P.A.
	1702 S. Washington Ave. P.O. Box. NOT acceptable
	Titusville, FL 32780.
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
4m /	Lynn R. Hansel, President Printed or typed name and title
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.

* * * FILING FEE: \$35.00 * * *

.....