

PG9000003287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

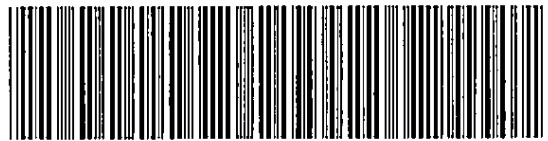
(Business Entity Name)

(Document Number)

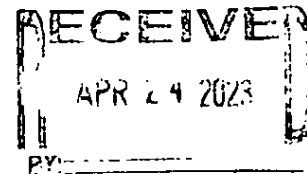
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S CHATHAM  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2023

BEN SORENSEN  
924 SE 5 CT  
FORT LAUDERDALE, FL 33301 US

SUBJECT: SORENSEN CONSULTING, INC.  
Ref. Number: P09000003287

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a completely filled application.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III - \_\_\_\_\_ Letter Number: 723A00015793

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SORENSEN CONSULTING, INC.  
Name of Corporation

DOCUMENT NUMBER: ADDRESS CHANGE

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:

BEN SORENSEN  
Name of Contact Person

SORENSEN CONSULTING, INC.  
Firm/Company

924 SE 5 CT  
Address

FORT LAUDERDALE FL 33301  
City/State and Zip Code

BEN@BENSORENSENCONSULTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN SORENSEN at ( 954 ) 802-3311  
Name of Contact Person Area Code & Daytime Telephone Number

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SORENSEN CONSULTING INC
2. The principal office address: 924 SE 5 COURT  
FORT LAUDERDALE FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/6/09 Document number: P09000003287
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BEN SORENSEN  
924 SE 5 COURT  
FORT LAUDERDALE FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

924 SE 5 CT  
FORT LAUDERDALE FL 33301  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

BEN SORENSEN - PRESIDENT  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

8/7/23  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)