P1800011494

(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:			
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. COVER LETTER

Division	of Corporations	
SUBJECT:	L+R Consy H	ing Inc
·	Name of Corp	oration
DOCUMENT N	NUMBER:	
The enclosed Sta	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Brad Bold Name of Contact	et Person
	LLR Consy H	a g /1 C
	2236 N. Lypres. Address	,
	Propono Beach F City/State and 7	-L 33069
	Bholderes Hd. Co	M
	E-mail address: (to be used for futu	re annual report notification)
	mation concerning this matter, please call	
19,00	Name of Contact Person	at (5/6) 448-6/22 Area Code & Daytime Telephone Number
1,	value of Contact Person	Area Code & Daytine Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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 Fich Ox
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LYR Consqlying Inc
2. The principal office address: 2236 N. Chpress Exist D. Dry 303 Pr. M. Panj Black FL 33061
3. The mailing address (if different): \(\sigma my\)
4. Date of incorporation/qualification: 2/2/18 Document number: P18600 11494
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)
Resigned United States Confortion Agents Inc
13302 Winding Gak Lourt A
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Boad Bold
Brack Bold 2236 N. Cypress Band Or Apt 303. 5 P.O. Box NOT acceptable Pongano Brack, FL 330619
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 of an office of director B-6.0 Brinted or typed pame 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 of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Bruel Bold Typed or Printed Name
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* * * FILING FEE: \$35.00 * * *