## P07000019747

(R	equestor's Name)			
(A	ddress)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Accusol Consulting, Inc. (Name of Cor	poration)
DOCU	JMENT NUMBER: P07000019747	
The en	aclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	o the following:
	Frank Sciacchitano (Name of Conta	act Person)
	Accusol Consulting, Inc. (Firm/Com	apany)
	5928 NW 56 Drive (Addre	ss)
	Coral Springs, FL 33067 (City/State and	Zip Code)
For fur	ther information concerning this matter, please cal	1:
Frank	Sciacchitano (Name of Contact Person)	at ( 954 ) 707-1863 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departm	ent 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	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Accusol Consulting,	inc	
2. The principal	office address: 5928 NW 56 Drive, C	oral Springs, FL 33067	<del></del>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 2/13/2007	Document number: P07000019747	
	d street address of the current registered tment of State:	ed agent and registered office on file with the	
	Corporation Service Company	*	
	1201 Hays Street	SECT ALL	
	Tallahassee, FL 32301	O7 OCT 3	=
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office	1
	Frank Sciacchitano	OR I	2
	5928 NW 56 Drive	DM D	
	(P.O. Box NOT accept	table)	
	Coral Spring, FL 33067	· · · · · · · · · · · · · · · · · · ·	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its registered a	gent,
/ 1		pted by its board of directors or by an officer so notified in writing of the change.	
		Frank Sciacchitano, Director	
I harahu accent	the appointment as registered agent to comply with the provisions of all the day of all the provisions of all the day of a the provision of all the day of the provision of the change is the seen notified in writing of this change is	(Printed or typed name and title)  I and agree to act in this capacity, statutes relative to the proper and complete perform obligation of my position as registered agent. Or, n the registered office address, I hereby confirm the nge.	nance if this at the
1		10/29/2007	
(Sig	gnature of Registered Agent)	(Date)	· —
If signing on be	half of an entity:		
Frank Sciacch			
r)	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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