

PO4 000 122 292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

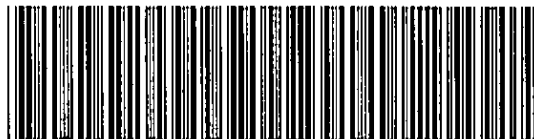
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 27 AM 9:44
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JULY 1 2022

RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANKUS CONSULTING INC.
Name of Corporation

DOCUMENT NUMBER: PD4000122292

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:

JOE ANKUS

Name of Contact Person

ANKUS CONSULTING, INC.

Firm/Company

12555 ORANGE DR. #4207

Address

DAVIE, FLA. 33330

City/State and Zip Code

info@ankusconsulting.com

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

For further information concerning this matter, please call:

JOE ANKUS

Name of Contact Person

at

954

Area Code & Daytime Telephone Number

654-0305

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

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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: ANKUS CONSULTING, INC.
2. The principal office address: 12555 ORANGE DRIVE # 4207
DAVIE, FL. 33334
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/23/04 Document number: P04000122292

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)

JOE ANKUS

12555 ORANGE DR. # 4207

DAVIE, FLORIDA 33334

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

JONATHAN DRUCKER, ESQ.

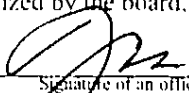
2605 PONCE DE LEON BLVD.

P.O. Box NOT acceptable

CORAL GABLES, FLA. 33134-6062

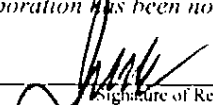
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 officer or director

JOE ANKUS 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 of Registered Agent

6-20-22
Date

If signing on behalf of an entity:

Jonathan Drucker
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)

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