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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Change of Address for registered Rount
DOCUMENT NUMBER: F0300 000 1664
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:
Emmanul JAEGUE (Name of Contact Person) JADE CONSULTING, INC (Firm/Company) 915 Broadway Sub 140 (Address)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (307) 579 0220 (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the prov statement of change in order to		orporation org	zanized under	the laws of the S	State of	llawa	CL
1. The name of the c	orporation:	JADE	CONS	ULTING	IINC.		
2. The principal office	•	915	Broad	WOU -	svite 14	00	
		NIW	Tork	, NY	10010		
3. The mailing addre	ss (if different):	100	North	Biscouni	Blva -	-suif	700
		mini	XI / Th	33137	0.25		
4. Date of incorporat	ion/qualification:	02/26/	2003 Doca	ıment number: _	<u>F'0300</u>	OOD !	666_
5. The name and stre Florida Departmen		rrent registere	d agent and re	egistered office o	n file with the	:	
<u></u>	<u>Em</u>	manu	5 2t	1EGLE			
	1111 B	cichel	Avenu	e - 11th F	1000		
	miar	ni, F	33	3		A. S	ì
6. The name and stre (if changed):	et address of the nev	w registered a	gent (if chang	ed) and /or regis	stered office	AHASS	
<u></u>	Emm	anul	LAT.	EGLE			
	210	Brich	Tell AV	nu -A	pl 22 10	ာ ကို ကို	
	miam	i, FL	3312	9	· · · · · · · · · · · · · · · · · · ·	G	I
The street address of as changed will be id	f its registered offic dentical.	e and the stre	eet address of	the business of	Tice of its reg	istered ag	eni,
Such change was au authorized by the b	thorized by resoluti ard, or the corpora	ion duly ador tion has been	oted by its bo notified in w	ard of directors riting of the cha	or by an offic ange.	er so	
Stonsture of	n officer or director)			Emmar	mane and title	AE6LE	
I hereby accept the I further agree to co of my duties, and I t document is being fi corporation has bee	1 -	istered agent isions of all s d accept the c tt a change in g of this chan	and agree to tatutes relative obligation of the registere the registere ge.	act in this capa ve to the proper my position as r ad office address	acity, and complete egistered ages, I hereby co	e performe ent. Or, if nfirm that	ance this the
		•		09/2	1/0[
(Signature	of Registered Agent)			(Date	:)[[
If signing on behalf	of an entity:						
(Typed o	or Printed Name)						

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