F08000001426

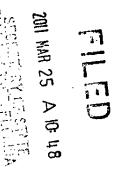
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Mewis 3-28-11

COVER LETTER

TO:	Amendment Section Division of Corporation	ns						
SUBJ	ECT:	Counseling Ne	etwork, Inc. Corporation					
DOC	UMENT NUMBER:	F08	000001426					
The er	nclosed Statement of Char	nge of Registered Offic	ce/Agent and fee are sul	bmitted for filing.				
Please	return all correspondence	e concerning this matte	r to the following:					
	Michael J. Alicea							
		Name of Co	ntact Person					
	<u> </u>		Network, Inc.					
		Firm/C	ompany					
		4550.11	0 11 007					
	1550 Madruga Avenue, Suite 307 Address							
		Auc	11655					
		0	Florida 00440					
Coral Gables, Florida 33146 City/State and Zip Code								
	City, State and Esp Code							
		mjalicea@be	ellsouth.net					
E-mail address: (to be used for future annual report notification)								
For fur	ther information concern	ing this matter, please	call:					
	Michael J.	Alicea	at (305)	662.3762				
	Name of Contact	t Person	Area Code & Da	662.3762 aytime Telephone Number				
Enclos	ed is a \$35.00 check mad	e payable to the Depar	tment of State.					
	Amend Divisio P.O. Bo	Ment Section of Corporations ox 6327	Clifton Bui	t Section Corporations Iding				
	Tallaha	assee, FL 32314	2661 Execu Tallahassee	itive Center Circle F, FL 32301				

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

statement of chang	ovisions of sections 607.0302, 6 ge is submitted for a corporation to change its registered office or	n organized	under the laws of the	State of Deleware
	corporation: Counseling			
2. The principal of	fice address: 1550 Madruga	Avenue,	Suite 307, Coral	Gables, Florida 33146
3. The mailing add	lress (if different): P.O. Box	144448, C	oral Gables, Flor	ida 33114
4. Date of incorpor	ration/qualification: 08/21	/2008	Document number:	F08000001426
	treet address of the current regis nent of State: (If resigned, enter		and registered office o	on file with the
	Michael J. Alicea		***	
_	1000 Ponce De Leon B	lvd., Su	ite 117	stered office, 25
_	Coral Gables, F1 3	3134		
6. The name and st (if changed):	reet address of the new register	ed agent (if	changed) and /or regis	stered office, 25
_	Michael J. Alicea			
_	1550 Madruga Avenue P.O.	e, Suite Box NOT accep		
	Coral Gables, Fl	33146		
The street address as changed will be	of its registered office and the	street addr	ess of the business of	fice of its registered agent,
Such change was a authorized by the	authorized by resolution duly a board, or the corporation has b	adopted by i	ts board of directors in writing of the cha	or by an officer so ange.
Signature o	r avoilicer or director		Michae Printed or typed	I J. Alicea
	e appointment as registered as comply with the provisions of a manifar with and accept the filed merely to reflect a change and in writing of this complete the change of this complete the change of this complete the change and the complete the change of this complete the change of	gent and agi all statutes i the obligation of in the reg hange.		
Signatu	ire of Regulered Agent		03-2	22-11
If signing on behal)			
Турес	d or Printed Name	-		

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