## F10000001884

(Re	questor's Name)	
Columbia, Ma	ide Court, Suite ryland 21046 (U 410-312- fossilconsulting dress)	6240
(Cit	y/State/Zip/Phon	e #)
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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 Maryland
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Fossil Consulting Services, Inc.
2. The principal office address: 6325 Woodside Court, Suite 350, Columbia, MD 21046
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/20/2010 Document number: F10000901884
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)
Harold Grace
61 Preakness Plaza
Orange Park, FL 32073-5828
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Edward Heckman
1014 92nd Street NW
P.O. Box NOT acceptable  Bradenton, FL 34209
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.
Herman P. Stone - President
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 Agen   Date   Date    If signing on behalf of an entity:
Typed or Printed Name

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