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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: International Consulti (Name of	ing & Investing LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Alina Silvers		
(Name of Person)	·······	
NRAI Services, Inc (Firm/Company)		
(t init Company)		
2731 Executive Park Drive Suite	e 4	
(Address)		
Weston, FI 33331		
(City/State and Zip Code)		
For further information concerning this m	atter, please call:	
Alina Silvers	at (954) 318-2787	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:	
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: International Consulting & Investing LLC

2. The mailing address of the limited liability co	mpany is : <u>1801 S Federal Hwv. Ste 300</u>	
Delray Beach, FL 33483		
55114y 553011, 1 2 50 100		
07/01/2004	L04000049480	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the	
Michael G. Park, Esq.		
	Name	
1801 S Federal Hwy St	- 300	
	Address	
Delray Beach, FL 33483	7 SE 9	
City,	State and Zip	
6. The name and address of the new registered ag	State and Zip gent and/or office: Name ve, Suite 4 (P.O. Box NOT acceptable)	
NRAI Services, Inc.	mo z O	
	Name To	
2731 Executive Park Dri	ve, Suite 4	
Florida street address	(P.O. Box NOT acceptable)	
	· · · · · · · · · · · · · · · · · · ·	
Weston	FL 33331	
City, St	tate and Zip	
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.	
Michael G. Park, NGRM QUTN. REPRESENTA	<u>ne</u>	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby onfirm that the limited liability NRAI Setvices, Inc.	tent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, to the proper and complete performance of my duties, to my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.	
(Signature of Registered Agent) Karen Redman, Asst. Sec.	_	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
FILING FEE: \$25.00		