

L080000012889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

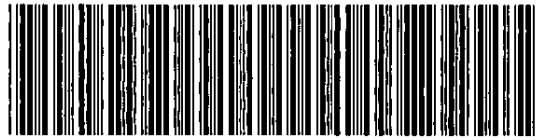
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slavoff Consulting, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgina Slavoff
(Name of Person)

Slavoff Consulting, LLC
(Firm/Company)

5151 Collins Ave #935
(Address)

Miami Beach, FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

Georgina Slavoff at (305) 397-8383
(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 following 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. Name of the limited liability company: Slavoff Consulting, LLC

2. (a) Principal office address of limited liability company: 5151 Collins Ave. #935
Miami Beach, FL 33140
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 5151 Collins Ave. #935
Miami Beach, FL 33140
(Note: MAY BE POST OFFICE BOX)

2/5/2008
 3. Date of filing/registration in Florida

L08000012889
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: CORPORATION SERVICE COMPANY
 Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301
(SIGNED BY: DOREEN WALLACE)

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Georgina Slavoff
NEW Registered Office Address: 5151 Collins Ave. #935
(MUST BE FLORIDA STREET ADDRESS) Miami Beach, FL 33140

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Georgina Slavoff
 (Signature of a member or authorized representative of a member)

Georgina Slavoff
 (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Georgina Slavoff
 (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00

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 TALLAHASSEE FLORIDA