Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000067393 3)))



H080000873933ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name

: NASON, YEAGER, GERSON, WHITE & LICCE, P.A.

Account Number : 073222003555

: (561) 686-3307

Phone

Fax Number

; (561) 471-0894

REGISTERED AGENT CHANGE

| AKHALTEKIN CONS | SULTING LLC | A. 1. |
|-----------------------|-------------|-------------|
| Certificate of Status | 0 | LONT |
| Certified Copy | 1 | MAR 24 2009 |
| Page Count | 01 | 1009 |
| Estimated Charge | \$87.50 | MINIA |
| | | MINER |

Electronic Filing Menu

Corporate Filing Menu

Help

ን /ሳኔ /ኃስለበ

b0/60 PAGE

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.

| in the boute of 1 to the | | | |
|---|--|--|--|
| 1. Name of the limited liability company: Akhaitekin | Consulting, LLC | | |
| 2. (a) Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS) | y: 4400 NORTHCORP PARKWAY PALM BEACH GARDENS FL 33410 | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 4400 NORTHCORP PARKWAY PALM BEACH GARDENS FL 33410 | | |
| 3/6/09 | L09000022257 AS 28 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 3. Date of filing/registration in Florids 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States 23 | | | |
| Registered Agent: | Wendin Smith | | |
| Registered Office Address: | 4400 NORTHCORP PARKWAY 50 5 PALM BEACH GARDENS FL 334105 5 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | Gary N. Gerson | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach FL 33401 | | |
| 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. | | | |
| (Signature of a member or authorized representative of a member) | - | | |
| Wendin D. Simith (Printed or typed name of signes) | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confight that the limited liability company has been notificed. | agree to got in this capacity. I further agree to roper and complete performance of my duites, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change. | | |
| (Signature of Registered Agest) | | | |
| Division of Corporations, P.O. Bo | | | |

INHS18 (05/08)