## L09000024718

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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FILED 2009 MAY 26 PM 3: 25 SECKETARSEE, FLORIBA

C. LEWIS

MAY 2 7 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:AM		SULTING GROUP, LLC	
	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/I	Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
GIANCARLO GOMEZ-DIEZ			
Name of Pers	on		
AMERICAS CONSULTING GROUP, LLC Firm/Company			
·			
2255 GLADES RD	SUITE 302-E	<u></u>	
Address			
BOCA RATON	FL 33431		
City/State and Zip Code			
giancarlogomezdiez@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerni	ng this matter, plea	ase call:	
GIANCARLO GOMEZ-	DIEZat (	561 ) 290-0444	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADI	ORESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circ	sla ·	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	ile	Tattanassee, 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:AMERI	CAS CONSULTING GROUP, LLC
2. (a) Principal office address of limited liability compar	ny: 2255 GLADES RD, SUITE 302-E
(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33431
(b) Mailing address of limited liability company:	2255 GLADES RD, SUITE 302-E
(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL 33431
03/13/2009  3. Date of filing/registration in Florida	L09000024718 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	GOMEZ-DIEZ, LAURA M.
Registered Office Address:	2199 Widener Terr
	Wellington, FL. 33414
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2255 Glades Rd. Ste 302-E Boxa Raton , Fl33431
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
ANDREA MARCINKOSKI Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 508, F,S. Or, if this plocument is being filed to maddress, I hereby confirm that the limited liability company.  Signature of Registered Agent	SECRE TO
Division of Corporations, P.O. Box 6 FILING FEE: 9	527, Tallallassee, FL 5251452.
INHS18 (05/08)	