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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Giliberti Consulting 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:		
Joseph S. Giliberti, Jr. Name of Person		
Giliberti Consulting LLC Firm/Company		
1919 NR 1st Street Address		
Deerfield Beach, FL 33441 City/State and Zip Code		
De-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Joseph S. Giliberti, Jr. at (561) 843-8648		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

INHS18 (5/08)

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.

agent, or voin, in the state of Florida.	0 1 1	
1. Name of the limited liability company:	rti Consulting LLC	
2. (a) Principal office address of limited liability company	y: 1919 NElst Street	
(Note: MUST BE STREET ADDRESS)	Deerfield Beach, FL 3344	
(b) Mailing address of limited liability company:	SAME AS ABOUTE SE	
(Note: MAY BE POST OFFICE BOX)	28 STARRY	
$\frac{2-8-2\phi 1}{3. \text{ Date of filing/registration in Florida}}$	<u>L 11ΦΦΦΦ16663</u> 35.6.4. Document number 5. 37.6.	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	United States Corporation Agents, Inc.	
Registered Office Address:	13302 Winding Oaks Court, STEA Tampa, FL 33612	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: Joseph S. Giliberti, Jr. 1919 NE 1st Street	
(MUST BE FLORIDA STREET ADDRESS)	Dertield Black ,FL 33441	
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 antender or authorized representative of a member		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of my portable of the complete to the provision of the complete to the limited liability company address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sistion as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314	

FILING FEE: \$25.00