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(Business Entity Name)	_
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COVER LETTER

Division of Corporations
SUBJECT: FORECLOSURE CONSULTING INC (Name of corporation)
DOCUMENT NUMBER: NO20000 5 4 43
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TENNIFER FERNANDEZ (Name of contact person)
(Firm/Company)
8245 NIGHT OWL COURT (Address)
NEW PORT RICHEY FL 34655 (City/state/and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (727) 422 - 6665 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	f change is submitted for a corporation organized under the laws of the State of <u>FWRIDA</u> order to change its registered office or registered agent, or both, in the State of Florida.	7
1. The nam	e of the corporation: FONE CLOSURE CONSULTING INC.	
2. The prin	cipal office address: 8245 NIGHT OWL COURT	
	NEW PORT RICHEY, PL 34655 DE O	
3. The mail	ing address (if different): SAME	Minute of the last
4. Date of i	ncorporation/qualification: 7/18/2002 Document number: NO 200 TAC 5 1943	3
	e and street address of the current registered agent and registered office on file with the Society contract of State:	7
cel pro	NILLIAM I FERNANDER JR BECKEY WO 8245 NIGHT ONE COURT 3615 FORAY	
)CEV	NEW PORT RICHEY, FL 34655 NEW PORT PX	
6. The nam (if chang	e and street address of the new registered agent (if changed) and /or registered office ed): TENNIFER FERNANTEZ	
	8245 NIGHT OWL COURT	
	(P.O. Box NOT acceptable)	•
	NEW PORT RICHEY, FL 34655	
The street as changed	address of its registered office and the street address of the business office of its registered age will be identical.	nt,
Such chang authorized	by the board, or the corporation has been notified in writing of the change.	
of for	Servifes (Printed or typed name and title)	DE
I hereby ac I further as of my dutie document i corporation	cept the appointment as registered agent and agree to act in this capacity, tree to comply with the provisions of all statutes relative to the proper and complete performass, and I am familiar with and accept the obligation of my position as registered agent. Or, if so being filed merely to reflect a change in the registered office address, I hereby confirm that it has been notified in writing of this change.	nce this the
Q In	7/9/04	_
7	(Signature of Rogistered Agent) (Date)	-
If signing o	n behalf of an entity:	

* * * FILING FEE: \$35.00 * * *