P000000/4153

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R.A. Charge Cg 6-17-04

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CT: Infinite Consulting Corporation (Name of corporation)
DOCU:	MENT NUMBER: P00000014153
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Barry Schreiber (Name of person)
į	Infinite Consulting Corporation (Name of firm/company)
<u>@</u> :	Schreiber at 140 W. Buena Vista St. (Address)
5	Banta Fe, NM 87505
	(City/state and zip code)
For furt	her information concerning this matter, please call:
Barry 9	Schrieberat (_561) 352 6655 (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclose	d 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 P.O. Box 6327 Tallahassee, FL 32314

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

•	•	607.1508, or 617.1508, Florida Statutes,	this statement	of _
-	corporation organized under the le		in or	·der
to change its registered off	fice or registered agent, or both, ir	n the State of Florida.		
1. The name of the corpora	ation: Infinite Consulting Corpora	ation		
2. The principal office add	rcss: 1520 Tenth Ave. N			
Lake Worth, Florida 33	3460			_
3. The mailing address (if	different):	·		
4. Date of incorporation/qu	ualification: February 9 2000			<u> </u>
The name and street add Florida Department of S		t and registered office on file with the		
Barry Sci	hreiber		_	
10456 N	W 3rd Manor			
Coral Sp	rings, Florida 33071		2004 JUN 14	******
The name and street add (if changed);	lress of the new registered agent (i	f changed) and /or registered office	IDN JUN I WAR	
Stephen	W. Hall, Esq.	·····		ŧ.
1520 Ter	oth Ave. North, SteF	·	LORIDA STATE STATE	₹.
	(P.O. Box or personal mails	oox NOT acceptable)	1	
Lake Wo	rth, Florida 33460		<u> </u>	
The street address of its rechanged will be identical.	egistered office and the street add	dress of the business office of its register	ered agent, as	
Such change was authorize the board, or the corporat	ed by resolution duly adopted by ion has been notified in writing o	y its board of directors or by an officer of the change.	so authorized	by
" B-	Sell	Barry Schreiber, Director		
` • /	officer or director	(Printed or typed name and t		
l nerepy accept the appqi I further agree to comply duties, and I am familiar being filed merely to refle been notified in writing oj	niment as registered agent and a with the provisions of all statutes with and accept the obligation of ct a change in the registered offit this change.	gree to act in this capacity. s relative to the proper and complete pe f my position as registered agent. Or, i ice address, I hereby confirm that the co	erformance of I this documen orporation has	my it is
(Signature of	Harrie W. Hall Registered Agent)	1 Wisport		
If signing on behalf of an	*	· (Oak)		
(Typed or P	rinted Name)	(Capacity)	-	_

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