(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500133339715

07/28/08--01035--019 \*\*35.00

R.A. Change

## **COVER LETTER**

	on of Corporations	
SUBJECT: M	EA Consulting, Inc. (Name of Corp	oration)
DOCUMENT	NUMBER: P00000014393	
	tatement of Change of Registered Office/A	gent and fee are submitted for filing.
	Il correspondence concerning this matter to	
	MICHAEL AHWASH	
	(Name of Contact	ct Person)
	MEA Consulting, Inc. (Firm/Comp	nany)
	( Comp	·—·•
	805 South Fremont Ave	
	(Address	3)
	Tampa, FL 33606-2814	
	(City/State and 2	Zip Code)
For further info	rmation concerning this matter, please call	:
Michael Ahwas	sh ,	at ( 813 ) 205-3938
	(Name of Contact Person)	at ( 813 ) 205-3938 (Area Code & Daytime Telephone Number)
Enclosed is a \$3	35.00 check made payable to the Department	nt of State.
	Mailing Address:	Street Address: Amendment Section
	Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	•	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: MEA Consulting, Inc.
2. The principal	office address: 805 South Fremont Ave
<u></u>	Tampa, FL 33606-2814
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/10/2000 Document number: P00000014393
	I street address of the current registered agent and registered office on file with the trnent of State:
	Michael Ahwash
	509 Weeping Willow Lane
	St. Augustine, FL 32080
6. The name and (if changed):	St. Augustine, FL 32080  St. Augustine, FL 32080  St. Augustine, FL 32080  St. Augustine, FL 32080  TO SECULATION STATES AND STATES
	Michael Ahwash  805 South Fremont Ave
	805 South Fremont Ave
	(P.O. Box NOT acceptable)
	Tampa, FL 33606-2814
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
<u> </u>	- MICHAEL AHWASH / PRESIDENT
` •	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
(Side	consture of Registered Agent)  7/20/2008  (Date)
•	half of an entity:
Mich	AEL AHWASH Typed or Printed Name)

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