Requester's Name Requester's Name Address Mann, FL 33 City/State/Zip Phone #	2E, 10c, #1806 1373942	300035186334 -01/02/0101086007 ******35.00 ******35.00
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if I	known):
1. (Corporation Name) 2.	(Document #)	OI JAN-2 TALLAHASS
(Corporation Name)	(Document #)	M 9: 04
3. (Corporation Name)	(Document #)	SA P
		7
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	<u>-</u>	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Change of Registered Agent Domestication Other  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  OTHER FILINGS REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other		
CR2E031(7/97)	-	Examiner's Initials

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

the undersigned c	orporation organized under the laws o	f the State of FlorIDA egistered office or registered agent, or both, in
the State of Florid	la.	•
1. The name of th	e corporation: consulting	eze, Inc.
2. The mailing ad	dress of the corporation: 600 NE	
	MIAMI,	FL 33137-3942 75 0
3. Date of incorp	oration/qualification: 8 14 2000	Document number: <u>P0860 55 7202</u> 8
4. The name and	address of the current registered agent a	
	Corporate Creations	s Network Inc. For
	941 Fourth Street, #	200
_	Micmi Beach, FL 33	3139
5. The name and	address of the new registered agent (if (P. O. Box <b>Not</b> Ac	changed) and/or registered office (if changed): cceptable)
_	Linda Butt	
	600 NE 36 Street, #	1806
_	Miami, FC 33137-	3942
The street addres agent, as changed	s of its registered office and the street l, will be identical.	address of the business office of its registered
Such change was authorized by the	authorized by resolution duly adopted	l by its board of directors or by an officer so
dumonized by the	Riada (Sett)	12/28/2000
(Signature of	an officer, chairman or vice chairman of the board	(Date)
LINDA	BUTT PRESIDENT (Printed or typed name and title)	· · · · · · · · · · · · · · · · · · ·
Having heen nan	ned as registered agent and to accent	service of process for the above stated ered agent and agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as
(Sie	mature of Registered Agent)	/2/28/2000 (Date)
If signing on behalf	, <u> </u>	• •
(T <sub>1</sub>	ped or Printed Name)	(Capacity)
` `	<del>-</del>	