## PO2(DU) 62934

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SECRETARY OF STATE SALLAHASSEE, FLORIDA

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## **COVER LETTER**

SURJECT: KROUSE CONSULTING	SERVICES, INC.					
SUBJECT: KROUSE CONSULTING (Name of Consulting)						
DOCUMENT NUMBER: P020000	62934					
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter t	to the following:					
ALAN K. GEI	ER, CPA					
(Name of Cont	act Person)					
•						
ALAN K. GEER, P.A., CPAs						
ALAN K. GEER, P.A., CPAs (Firm/Company)						
7401 TEMPLE TERRA	CE HWY, SUITE D					
(Address)						
	•.					
TAMPA, FL 33637						
(City/State and Zip Code)						
For further information concerning this matter, please ca	11:					
ALAN K. GEER, CPA	at ( <u>813</u> ). 988-9564 (Area Code & Daytime Telephone Number)					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Departm	nent of State.					
	·					
Mailing Address:	Street Address:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tollohossee FL 22201					

TO:

Amendment Section Division of Corporations

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

statement of char	provisions of sections 60% nge is submitted for a con r to change its registered	rporation organize	ed under the laws of the S	State of FLORIDA	s 
1. The name of the	he corporation: KROUS	E CONSULTING	SERVICES, INC.		
	office address: 3851 ALL				
		RHILLS FL 3354	1		
3. The mailing ac	ddress (if different): SAN	ME AS ABOVE			
4. Date of incorp	oration/qualification:	06/06/2002	Document number: _	P02000062934	
	street address of the curr tment of State:	rent registered age	nt and registered office o	on file with the	
	DENNIS J. K	ROUSE		72 20	
	3851 ALLEN	ROAD		ECRE	7
	ZEPHYRHILL	S FL 33541 U	S	TARY HASS	FILE
6. The name and (if changed):	street address of the new	-	(if changed) and /or regis	Y OF STATE	0
	ALAN K. GE			Ъ	
		LE TERRACE  Box NOT acceptable)	HWY, SUITE D		
	TAMPA, FL	•			
	ss of its registered office be identical. as authorized by resolution be board, or the corporat				
Lonn	re of an officer or director)	<del></del>	OENNIS J. KRO (Printed or typed	WE PRESI	DENT
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and sions of all statuted accept the obligated accept the obligated accept the first accept this change.	agree to act in this cape es relative to the proper ation of my position as i registered office addres	acity. cand complete perf registered agent. C s, I hereby confirm	ormance Or, if this that the
	an / Yee		J/7/0	8	· 
(Sig	nature of Registered Agent)		/ / (Dat	e)	
If signing on be	half of an entity:				
<u>ALAN</u>	yped or Printed Name)	<u>.</u> _			

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