P0200078415

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

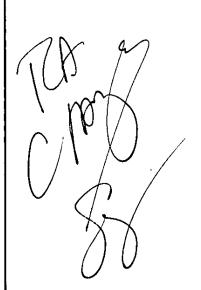
Office Use Only

8/10/10



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COVER LETTER

TO: Amendme Division o	ent Section of Corporations				
SUBJECT:	ARZA CONSULTING Name of Corp	GROUP, INC			
DOCUMENT NU	JMBER: P0200	0078415			
The enclosed State	ement of Change of Registered Office/A	agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	ERIS AF				
	Name of Conta	ct Person			
	ARZA CONSULTIN	C CPOUR INC			
	Firm/Com				
		•			
	7367 Water Da	ance Way			
	Addres	S			
	LAKE WORTH	, FL 33467			
	City/State and 2	Zip Code			
_	ERISARZA@A	OL.COM			
E-mail address: (to be used for future annual report notification)					
For further inform	ation concerning this matter, please call	:			
	ERIS ARZA	at (561) 357-3186			
Na	me of Contact Person	at (561) 357-3186 Area Code & Daytime Telephone Number			
Enclosed is a \$35.0	00 check made payable to the Departme	ent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	1 41 141 143300, 1 L J2J17	2001 Executive Comer Cher			

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporat	?, 617.0502, 607.1508, or 617.1508, Flo ion organized under the laws of the Sta or registered agent, or both, in the Sta	ite of
		NSULTING GROUP, INC	
2. The principa	office address: 7367 WATE	R DANCE WAY, LAKE WORT	H, FL 33467
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification:	Document number:	P02000078415
	nd street address of the current reartment of State: (If resigned, ent	gistered agent and registered office on ter resigned)	file with the
	FINANCIAL FOUNDATI	ONS, INC	<u></u>
	3150 SANDY RIDGE DE	R	····
	CLEARWATER, FL 337	61	
6. The name an (if changed):		tered agent (if changed) and /or register	SECRETA SECRETA
	CHRISTINA ARZA		9
	7367 WATER DANCE V		
	LAKE WORTH, FLORID	P.O. Box NOT acceptable OA 33467	BRIES 36
The street addr as changed wil	ress of its registered office and	the street address of the business offic	e of its registered agent,
Such change vauthorized by	vas authorized by resolution dul the board, or the corporation ha	ly adopted by its board of directors or is been notified in writing of the chang	by an officer so ge.
Signat	ure of an officer or director	ERIS A	
=	X	l agent and agree to act in this capaci of all statutes relative to the proper a pt the obligation of my position as reg ange in the registered office address, is change.	
Chrush S	gnature of Registered Ageh	8/3/20 Date)10
If signing on b	pehalf of an entity:		
	Typed or Printed Name		

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