

702000078415

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(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARZA CONSULTING GROUP, INC  
Name of Corporation

**DOCUMENT NUMBER:** P02000078415

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIS ARZA  
Name of Contact Person

ARZA CONSULTING GROUP, INC  
Firm/Company

7367 Water Dance Way  
Address

LAKE WORTH, FL 33467  
City/State and Zip Code

ERISARZA@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIS ARZA at ( 561 ) 357-3186  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ARZA CONSULTING GROUP, INC
- 2. The principal office address: 7367 WATER DANCE WAY, LAKE WORTH, FL 33467
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P02000078415
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FINANCIAL FOUNDATIONS, INC  
3150 SANDY RIDGE DR.  
CLEARWATER, FL 33761

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRISTINA ARZA  
7367 WATER DANCE WAY  
P.O. Box NOT acceptable  
LAKE WORTH, FLORIDA 33467

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

ERIS ARZA  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Christina Arza  
Signature of Registered Agent

8/3/2010  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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