P0200009486/

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Curtiss Consultants Inc

Name of Corporation

DOCUMENT NUMBER: P02000094861

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:

Westley R Curtiss

Name of Contact Person

Curtiss Consultants Inc

Firm/Company

616 David Street

Address

Winter Springs Florida 32708

City/State and Zip Code

wcurtiss@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Westley R Curtiss

.,407

342-7657

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

statement of ch	ange is submitted for a corporation	organized under the laws of the State of Florid registered agent, or both, in the State of Florid	а	
	the corporation: Curtiss Consu		a.	
	office address: 616 David Str	eet		
• •	orings Florida 32708			
3. The mailing	address (if different):			
4. Date of incorporation/qualification: 09/03/2002 Document number: P02000094861				
	d street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the esigned)	3	
	Paul S West (resigned 0	9/22/2014)		
	2982 Harbour Landing V	Vay		
	Casselberry FL 32707			
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	4 0CT -3	ASION OF
	Westley R Curtiss		9 PH	CORP.
	616 David Street		85	
		ox NOT acceptable	37	
	Winter Springs Florida 33			573
The street addre as changed will	ess of its registered office and the se be identical.	street address of the business office of its regis	stered age	nt,
Such change wa authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	r so	
11/11/11/11	R. Cutte	President/Director		
	the appointment as registered age	Printed or typed name and title		
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely t that the corporation has been noti	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as re o reflect a change in the registered office add fied in writing of this change.	gistered ress, I	
Ware	a Cinta	09/29/2014		
	half of an entity:	Date		
T	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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