## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000180590 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

RECEIVED 4 SEP -3 PHI2: 44

## REGISTERED AGENT CHANGE

JSP CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

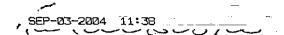
Alectropic alma moon

Corporate Filings

Bulblio Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/3/2004



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

	ne provisions of sections 607.0502, of change is submitted for a corpora			
Florida		stered office or registered agent,		
of Florida.				
	f the corporation: JSP Consulting, Ir			
2. The principa	al office address: 6052 Palermo Way	y, El Dorado Hills, CA 95762		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 9/6/02	Document number:	P02000097193	
	nd street address of the current regis artment of State: Jeniene Pulice	tered agent and registered office of	on file with the	
	2155 Quail Roost Drive			
	Weston, Florida 33327			
6. The name a changed):	and street address of the new regis	tered agent (if changed) and /or	registered office (if RETARY OF STATE PLOPALE) ice of its registered	
	Business Filings Incorporated			
	660 East Jefferson Street			
	(P.O. Box or personal mailbox NOT acceptable)  Tallahassee, Florida 32301			
The street addragent, as change	ress of its registered office and the ged will be identical.	street address of the business off	ice of its registered	
Such change vauthorized by	vas authorized by resolution duly ac the board, or the corporation has be	lopted by its board of directors over notified in writing of the char	r by an officer so age.	
	a, Chairman or vice chairman of the board)	Jeniene Pulice, President	ie\	
	t the appointment as registered age to comply with the provisions of a f my dilties, and I am familiar with nt. Orl if this document is being fil hereby confirm that the corporat			
$\mathcal{H}$	Signature of Registered Agent)	(Date)		
If signing on beha	.1 · * .	Assistant Vice President		
	(Typed or Printed Name)	(Capacity)	<del></del>	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

HO40001805903