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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 674-3359

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE**

**REINHOLD CONSULTING, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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# 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: REINHOLD CONSULTING, INC.
2. The principal office address: 9972 ASHLEY DR SEMINOLE FL 33772-2238
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/04/2002 Document number: P02000118213
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FLORIDA AGENT SERVICES, INC.

1221 BRICKELL AVE STE 900

MIAMI FL 33131

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

A1A REGISTERED AGENT, INC.

25 S.E. 2ND AVENUE SUITE 1036

(P.O. Box or personal mailbox NOT acceptable)

MIAMI FL 33131

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.

John W. Reinhold  
(Signature of an officer, chairman or vice chairman of the board)

John W. Reinhold, DP  
(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.

Paul Smith  
(Signature of Registered Agent)

05-15-03  
(Date)

If signing on behalf of an entity:

PAUL SMITH

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314

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