## 103000001614

(Requestor's Name)  (Address)	900022060289
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	08/08/0301023005 **35.00
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  GAVE AUTHORIZATION BY PHONE TO CORRECT CORRECT CONTRACTOR BY PHONE TO CORRECT CORRECT CONTRACTOR BY STATE GAVE CORRECT CONTRACTOR BY STATE GAVE CORRECT CONTRACTOR BY STATE BY	FILEU 03 AUG-8 AM 9: 42 FERTARY OF STATE AM 21A CM
Office Use Only	MM 8/12/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aiken Legal Consulting (Name of corporation)
DOCUMENT NUMBER: POSOCOOO 1614
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:
KRisti V. Aiken (Name of person)
Aiken Legal Consulting (Name of firm/company)
Lass Burrowing Owl Cove (Address)
Bradenton FL 34202 (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at (941) 756-5678 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the	e provisions of sections 60:	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes	5
this statement of	of change is submitted for a	corporation organized under the laws of the State of	
Floride	1in order to change i	ts registered office or registered agent, or both, in the State	2
of Florida.  1. The name of	the corporation: Aik	en Legal Consulting Inc.	<del></del>
2. The principa	l office address: 10215	Bueeowing owl Cove	
	Bec	identon Fl 34202	
3. The mailing	address (if different):	Same as above	
			<u></u> .
4. Date of incom	rporation/qualification: <u>Jar</u>	Nualy 10,2003 Document number: P03000016	14
	d street address of the current artment of State:	nt registered agent and registered office on file with the	
_	Agents an	d Chennations Inc.	
	S. H. F. 72	3 LAM AVE MONTH	
	No loc T	34107	
	- Barres - Er	Ten 3	• !
<ol><li>The name as changed):</li></ol>	nd street address of the ner	w registered agent (if changed) and /or registered office in	[ 5
•	KRISTI V	1. Hiken	0 =
	6215 Buer	personal mailbox NU1 acceptable)	* E
	Bradentor	) FL 34202 SE	વૃ: <b>L</b> 2
The street addreagent, as chang	ess of its registered office a ed will be identical.	nd the street address of the business office of its registered	,~
Such change was	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Brish.	r, chairman of the boars	Kristi V. Giken, President	- ,
I hereby accept I further agree performance of registered agen office address,	the appointment as registe to comply with the provision my duties, and I am famill to Or, if this document is b I hereby confirm that the co	red agent and agree to act in this capacity, ns of all statutes relative to the proper and complete ar with and accept the obligation of my position as eing filed merely to reflect a change in the registered orporation has been notified in writing of this change,	
prist	i V. Ahren	8/4/02	
If signing on behal	Signature of Registered Agent)	, (Hac)	
2-0		- Communication of the Communi	
(	Typed or Printed Name)	(Capacity)	

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