P03000007241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900257773369

03/14/14--01003--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 14 AM 8:08

RA Roch8
10 3/14/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consulting Docs, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000007247

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:

Martha Little
Name of Contact Person

Firm/Company

5499 N. Federal Highway Suite L2
Address

Boca Raton, FL 33487
City/State and Zip Code

martha@compoundingdocs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Little at (561) 826-0711 ex. 225
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 Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Consulting Docs, Inc.

2. The principal office address: 5499 N. Federal Highway Suite L2, Boca Raton, FL 33487

3. The mailing address (if different):

4. Date of incorporation/qualification: 1/21/2003 Document number: P03000007247

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)

Jeff Cohen

909 S.E. 5th Ave, Suite 200

Delray Beach, FL 34483

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 14 PM 03

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

Charles B. Koval

203 NE 1st Street

P.O. Box NOT acceptable

Gainesville, FL 32601

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

MARTHA M. LITTLE/ President
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.

Charles B Koval
Signature of Registered Agent

2/25/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)