

P 0300000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

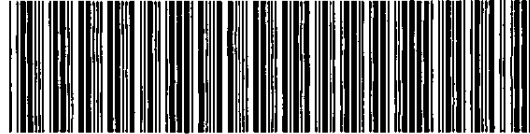
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275604277

08/03/15--01029--009 **35.00

FILED
15 AUG -3 AM 4:58
TALLAHASSEE, FLORIDA

R/A Chy

AUG 05 2015

R. WHITE

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

Consulting Docs. Inc.
Firm/Company

5499 N. Federal Hwy Ste. L2
Address

Boca Raton, FL 33478 33487
City/State and Zip Code

marthac@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) 826-0211
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 Hwy. Ste L2
Boca Raton, FL 33478 33487
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/21/2003 Document number: PO3000001247

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)

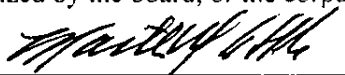
Resigned - Charles Koval
203 NE 1st Street
Gainesville, FL 32601

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

Jill H. Brickel, CPA
7900 Blades Rd Ste. 200
P.O. Box NOT acceptable
Boca Raton, FL 33434


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 Little Vice 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.


Signature of Registered Agent

June 30, 2015
Date

If signing on behalf of an entity:

Janet Oaker
Typed or Printed Name

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