

P03000027946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

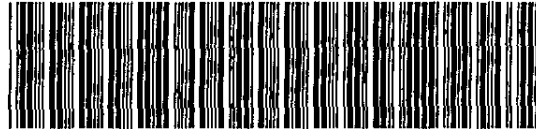
(Document Number)

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04 MAY 14 PM 4: 30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

FILED  
04 MAY 14 PM 4:30  
TALLHASSEE, FLORIDA  
DEPARTMENT OF STATE

SUBJECT: Stephanie Moss Consulting, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P03000027946

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:

HOWARD MOFSEN  
(Name of person)

PINCHEVSKY & MOFSEN CPA'S  
(Name of firm/company)

9728 W SAMPLE RD  
(Address)

CORAL SPRINGS FL 33065  
(City/state and zip code)

For further information concerning this matter, please call:

HOWARD MOFSEN at ( 954 ) 753-3545  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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: Stephanie Moss Consulting, Inc.
2. The principal office address: 6717 NW 44th Court, Coral Springs FL 33067
3. The mailing address (if different):

4. Date of incorporation/qualification: 3-10-03 Document number: P03000027946

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations Network, Inc
6717 NW 44th Court
Coral Springs FL 33067

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TALLAHASSEE, FLORIDA

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

HOWARD MOFSEN CPA
9728 W SAMPLE RD
CORAL SPRINGS FL 33065

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

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.

Stephanie Moss
(Signature of an officer or director)

Stephanie Moss, Pres
(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]
(Signature of Registered Agent)

5-4-04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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