

PD3000044822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

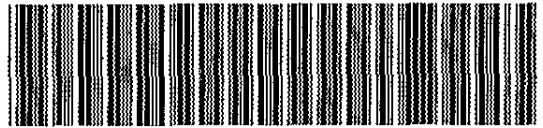
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DIVERSIFIED CONSULTING INCORPORATED**

(Name of corporation)

P03000044822

DOCUMENT NUMBER:

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:

Keiko Merl

(Name of person)

Diversified Consulting Incorporated

(Name of firm/company)

One Grove Isle Drive, Suite 508

(Address)

Coconut Grove, fl 33133

(City/state and zip code)

For further information concerning this matter, please call:

Keiko Merl

(Name of person)

at (

305) **857-9102**

(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

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TALLAHASSEE, FLORIDA

**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: DIVERSIFIED CONSULTING INCORPORATED
2. The principal office address: One Grove Isle Drive, Suite 508
Coconut Grove, FL 33133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Apr. 21, 2003 Document number: P03000044822
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Keiko Merl

3271 SW Water Edge Way

Balm City, FL 34990

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

Keiko Merl

One Grove Isle Drive, Suite 508

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

Coconut Grove, FL 33133

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.

Keiko Merl
(Signature of an officer or director)

President
(Printed 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.

Keiko Merl
(Signature of Registered Agent)

1/1/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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STATE
TALLAHASSEE, FLORIDA

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