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(Requestor's Name)
Drykerman Consulting 3051 Orange St. Miami, FL 33133
3051 Urange 27.
Miani, FL 33133
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Degree and Neuroban)
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RO Change 3/10/04

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, the undersigned corporation organized under the laws of the State of FLOKIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Drykerman Consulting, Inc.
2. The mailing address of the corporation: 3051 Orange Street
Coconut Grave, FL 33133
3. Date of incorporation/qualification: 5/20/03 Document number: POS 00005590
4. The name and address of the current registered agent and registered office:
David A. Drykerman
9155 S. Dedeland Blvd. # 1502
Miami, FL 33156
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
David A. Drukerman
3051 Drange Street
Coconct 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.
3/1/04
(Signature of an officer, chairman or vice chairman of the board) (Date)
David Drykerman, President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
7/1/04 星齡
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity) $\overset{\sim}{\omega}$ $\overset{\sim}{\lambda}\overset{\sim}{$
* * * FILING FEE: \$35.00 * * *