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Office Use Only

R.A. Address Change

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Pello Petail Consume of Co	Iting Trc.	
DOCUMENT NUMBER: PD3	000074095	
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter		
LDRI Pe (Name of Con	tact Person)	
Pello Betail Consul	HINGINC. ABA PAC Group	
1124 Crestwood (Addr	COMMONS AVE.	
OCOFE, FL 34 (City/State an	d Zip Code)	
For further information concerning this matter, please ca	all:	
Loli Pello	at (407), 948.6323 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Departs		
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	
1 ananasee, 1 L 52514	2001 Executive Center Circle	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Pello Petal Consulting Inc.
2. The principal office address: 1/24 CYESTWOOD COLLUDYS AVE.
DCOEE, FL 34761
3. The mailing address (if different): SAME AS Above
4. Date of incorporation/qualification: 711103 Document number: 20 3000 76095
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lori C. Pello
17N7 NIMI DOILE
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UCOSE, FC 34 101
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
_Lori C. Pello
1124 CRESTWOOD COMMONS AVE.
(P.O. Box NOT acceptable) OCUEE, FL 34761
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 or ph-officer or director) (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) 1/28/08 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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