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SECRETARY OF STATE

R.A.

rb 5/2l

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: 65 ANDERSON CONSULTING (Name of Corporation)		
DOCUMENT NUMBER: 60300082660		
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:		
(Name of Contact Person)		
GS Andersod Consultings (Firm/Company)		
21723 Chaucer Hill (Address)		
50N ANDWID, TX 789:56 (78252) (City/State and Zip Code)		
For further information concerning this matter, please call: 210 - 896 - 3030		
(Name of Contact Person) at (210) 896 - 3030 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address. Church Address.		

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

CR2E045 (8/05)

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
1. The name of the corporation: G. S. Anderson Consulting, Inc.
2. The principal office address: QRAEB 1905 N. E. 30 ST
tort Lauderdais, 712 33306
3. The mailing address (if different): 21723 Chaucer N111
4. Date of incorporation/qualification: $\frac{7}{29}$ Document number: $\frac{8956}{030000}$ 8 2 6 6 0
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)
Gary S. Anderson
1905 N.E. 30 Street
Ft. Lauderdale, FL 33306 Ex 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GAIL K ALCENSON FRE B M
1905 N. E. 30 ST 55 4 0
For lau devolals, [-1 33306]
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 comporation has been notified in writing of the change.
(Signature duan officer or director) (Signature duan 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) 04-30-09 (Date)
If signing on behalf of an entity:
GAIL (Typed or Printed Name) (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * * * * * * * * * * * * * * * * *
MAKE CHECKS PAYABLE TO FLORIDA DEBARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)