

PD3000092342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

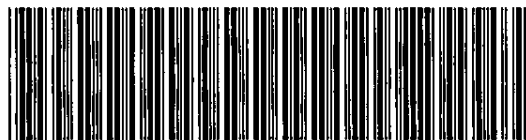
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258004028

03/24/14--01008--024 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 24 PM 3:51

RA/RO Change

MAR 27 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADK Consulting, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000092342

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:

Douglas R Kuelpman

Name of Contact Person

ADK Consulting

Firm/Company

PO Box 330906

Address

Atlantic Beach, FL 32233

City/State and Zip Code

adkconsulting@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas R Kuelpman

Name of Contact Person

at (904) 536-8102

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: ADK Consulting, Inc.
2. The principal office address: 802 Providence Island Ct., Jacksonville, FL 32225
3. The mailing address (if different): PO Box 330906, Atlantic Beach, FL 32233
4. Date of incorporation/qualification: 08/2202003 Document number: P03000092342

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)

Kristopher D. Robinson, Esq.

3955 Riverside Ave., Ste. 350

Jacksonville, FL 32205

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

Robinson Collins, P.L.

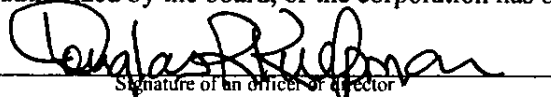
3955 Riverside Ave., Ste. 350

P.O. Box NOT acceptable

Jacksonville, FL 32205

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 of an officer or director

Douglas R Kuelzman, President

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

3/21/14
Date

If signing on behalf of an entity:

Kristopher D. Robinson, Manager
Typed or Printed Name

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

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 24 PM 3:51