

P04000008174



☐ PICK-UP

☐ MAIL

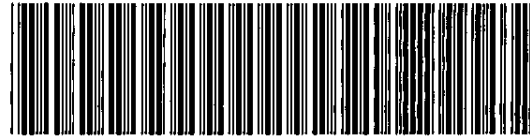
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600212222076

09/26/11--01029--024 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 26 PM 12:57

R.A. Chg.
C.COULLIETTE

SEP 27 2011

EXAMINER

**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: Monti Consulting Inc.
2. The principal office address: 540 S. Pine Meadow Dr.
Debary, Fl 32713
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/05/2004 Document number: P04000008174

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)

Patricia Sue Monti (resigned)

540 S. Pine Meadow Dr.

Debary, Fl 32713

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

Rhonda Monti

540 S. Pine Meadow Dr.

P.O. Box NOT acceptable

Debary, Fl. 32713

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.

Patricia S. Monti

Signature of an officer or director

Patricia S. Monti 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.

Rhonda Monti

Signature of Registered Agent

Sept 20, 2011

Date

If signing on behalf of an entity:

Monti Consulting Inc.

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

CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 26 PM 12:57