P040000/8335

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OF NOTE PRINTS

SECRETARY OF STATE

SEC

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Fairman Consulting, Inc.	
	(Name of Corpor	ration)
DOCU	MENT NUMBER: P04000018335	
The en	closed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	ne following:
i icasc	return an correspondence concerning and matter to in	e lonowing.
	G. Alan Howard, Esq.	
	(Name of Contact	Person)
Milam Howard Nicandri Dees & Gillam, P.A.		
	(Firm/Compa	ny)
	14 East Bay Street	
	(Address)	
	Jacksonville, FL 32202	-
	(City/State and Zi	p Code)
For fur	ther information concerning this matter, please call:	
C Ala	n Howard at	. 004 357 3660
G. Aid	(Name of Contact Person) at	(904) 357-3660 (Area Code & Daytime Telephone Number)
	(a mano di Donate i Produ)	(. 124 0040 00 24) omio 1010pnone 11411001)
Enclos	ed is a \$35.00 check made payable to the Department	of State.
	Mailina Address	Street Address.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee FL 32301

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

statement of char	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
I. The name of the	he corporation: Fairman Consulting, Inc.
2. The principal	office address: 1015 Atlantic Blvd., Suite 262, Atlantic Beach, FL 32233
3. The mailing ac	ddress (if different): 1015 Atlantic Blvd., Suite 262, Atlantic Beach, FL 32233
4. Date of incorp	oration/qualification: 1/23/04 Document number: P04000018335
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:
	Milam Howard Nicandri Dees & Gillam, P.A.
	208 North Laura Street, Suite 800
	Jacksonville, FL 32202
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Milam Howard Nicandri Dees & Gillam, P.A.
	Milam Howard Nicandri Dees & Gillam, P.A.
	14 East Bay Street
	(P.O. Box NOT acceptable)
	Jacksonville, FL 32202
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
` •	re of an officer or director) (Printed or typed name and title)
I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filedmerely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
10 H/L	S-(5 to)C hature of Registered Agent) (Date)
If signing on bel	palf of an entity:

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