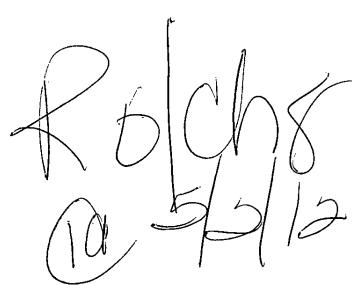
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Amendmer Division of	nt Section • f Corporations					
SUBJECT:	WorldWide Consul	ting Corp				
	Name of Corpo	oration				
DOCUMENT NU	MBER: P0400	0032419				
The enclosed States	ment of Change of Registered Office/Ag	gent and fee are submitted for filing.				
Please return all co	rrespondence concerning this matter to	the following:				
		<u> </u>				
	Gary M. K. Name of Contac	ane				
	Name of Contac	t Person				
	Condo Reso Firm/Comp					
	rani/Comp.	any				
	8401 Ninth ST N	STE 490				
	Address					
	Saint Petershurg	FL 33702				
Saint Petersburg, FL 33702 City/State and Zip Code						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
resales@tampabay.rr.com  E-mail address: (to be used for future annual report notification)						
	2 man datieth (to be about ioi iuiui	o umaan report notineation,				
For further informa	tion concerning this matter, please call:					
	Gary M. Kane	, 727 ) 421-7476				
Nan	ne of Contact Person	t ( 727 ) 421-7476  Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Departmer	nt of State.				
	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 cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Florida		
1. The name of t	he corporation: World	Wide Consult	ing Corp			
	office address: <u>8800 4</u>	9th ST N STE 2	206			
	ddress (if different): <u>840</u> tersburg, FL 33702	01 Ninth ST N S	TE 490			
4. Date of incorp	oration/qualification:	03/01/2004	Document number:	P04000032419		
	street address of the cur tment of State: (If resign		t and registered office on fi	ile with the		
·	Gary M. Kane					
	7780 49th ST N # 190 및					
	Pinellas Park, FL 3	3781		NEGATION NEG		
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registere	12 APR 30 PM 12: U		
•	Gary M. Kane			M CRAH		
8401 Ninth ST N STE 490						
P.O. Box NOT acceptable Saint Petersburg, FL 33702						
rm.						
The street addre	ss of its registered offic be identical.	e and the street add	lress of the business office	e of its registered agent,		
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notific	its board of directors or led in writing of the chang	by an officer so e.		
- Jaw Signatur	e of an officer of director		Gary M. Kane			
I further agree to of my duties, and document is bein	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	sions of all statutes I accept the obligat t a change in the re	gree to act in this capacity is relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance stered agent. Or, if this hereby confirm that the		
Day Sign	nature of Registered Agent		04/26/20 Date	012		
C	half of an entity:		Date			
Ту	Gary M. Kane					

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