04000057660

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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R.A. Charge C.COULLIETTE

MAY 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Tryle R Consulting Inc. Name of Corporation DOCUMENT NUMBER: PO400057660

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:



For further information concerning this matter, please call:

10n <u>56)</u> 2416615 Area Code & Daytime Telephone Number Name of Contact Person

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2010

CHERYL HANDLEY TRIPLE R CONSULTING, INC. 4726 NW BOCA RATON BLVD BOCA RATON, FL 33431

SUBJECT: TRIPLE R CONSULTING, INC Ref. Number: P04000057660

We have received your document for TRIPLE R CONSULTING, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and the address you are showing on your form are already showing on our data base. If you need to make changes to this agent or address, please correct and return.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 910A00007427

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Division of Componentiana DO BOY 6227 Tallahaggan Florida 22214



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2010

CHERYL HANDLEY TRIPLE R CONSULTING, INC 4726 NW BOCA RATON BLVD BOCA RATON, FL 33431

2010 735 F735 $\dot{\mathbf{O}}$ 5 ž T 5 ęņ 8

SUBJECT: TRIPLE R CONSULTING, INC Ref. Number: P04000057660

We have received your document for TRIPLE R CONSULTING, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 810A00008708

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

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

1. The name of the corporation: The principal office address:

3. The mailing address (if different):_

4. Date of incorporation/qualification. Document number:

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)



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

3 3431

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.

cer of director

5. 31 16.

I hereby accept the appointment as registered agent and agree to act in this copacity. 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. Thereby confirm that the corporation has been notified in writing of this change.

gnature of Registered /

If signing on behalf of an entity:

ALFRED E. FISHER

Evped or Printed Name

VISION PERSON AND STATE

* * * 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)