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| (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: |   |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Requestor's Name)                      |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
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| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
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| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (City/State/Zip/Phone #)                |
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| Certified Copies Certificates of Status  | (Business Entity Name)                  |
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## **COVER LETTER**

SUBJECT: CONSULTENOS INTERNATIONAL CORP. (Name of Corporation) DOCUMENT NUMBER: P 04 000:62795 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: LUIS C. VILLANUEVA-VALDES (Name of Contact Person) CONSULTENOS INTERNATIONAL CORP. (Firm/Company) 15841 Pines Boulevard #144 (Address) Pembroke Pines, Fl. 33027 (City/State and Zip Code) For further information concerning this matter, please call: at (877) 855-0858 (Area Code & Daytime Telephone Number) LUIS C. VILLANUEVA-VALDES (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

|  | der to change its registered office or registered agent, or both, in the State of Florida.   |
|--|--|
|  | of the corporation: CONSULTENOS INTERNATIONAL CORP.  |
| 2. The princip   | pal office address: 15841 PINES BLVD. #144, PEMBROKE PINES, FL 33027 USA   |
| 3. The mailing   | g address (if different): SAME AS No. 2  |
| 4. Date of inc   | orporation/qualification: 04/14/2004 Document number: P04000062795   |
|  | and street address of the current registered agent and registered office on file with the partment of State:  LUIS C. VILLANUEVA-VALDES  8260 WEST FLAGLER STREET #1E  |
|  | LUIS C. VILLANUEVA-VALDES  |
|  | 8260 WEST FLAGLER STREET #1E   |
|  | MIAMI, FL 33144  |
| 6. The name a<br>(if changed   | and street address of the new registered agent (if changed) and /or registered office ):   |
|  | LUIS C. VILLANUEVA-VALDES  |
|  | 15841 PINES BLVD. #144   |
|  | (P.O. Box NOT acceptable)  |
|  | PEMBROKE PINES, FL 33027 USA   |
| The street add<br>as changed w   | dress of its registered office and the street address of the business office of its registered agent, rill be identical.   |
| Such change<br>authorized by   | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  |
|  | LUBC UT LLA HIVEUA - VALDE  (Printed or typed name and title)  |
| I hereby acce<br>I further agre<br>of my duties,<br>document is l<br>corporation i | ept the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the last been notified in writing of this change.  (Signature of Registered Agent) |
|  | (2) 6 (4) (4) (4)  |

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