P04000086903

(Re	equestor's Name)	20 00 00
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	N 57
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OFFICE OF CORPORATIONS
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R.A. Charge C.COULLIETTE

APR 0:6 2011

EXAMINER



ACCOUNT NO.	: I2000000195					
REFERENCE	: 733100 7826886					
AUTHORIZATION						
COST LIMIT	: \$35.00 Spelbelene					
ORDER DATE : April 6, 2011						
ORDER TIME : 8:30 AM						
ORDER NO. : 733100-005						
CUSTOMER NO: 7826886						
CHANGE OF AGENT NAME: NEIGHBORHOOD CONSULTING, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Jeanine Reynol	lds EXT# 2933 EXAMINER:					

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Florida ered agent, or both, in the State of Florida.		-
1. The name of t	the corporation: NEIGHBORHOOD	CONSULTING, INC.		
		uite 101, Pompano Beach, FL 33064		
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 06/03/2004	Document number: P0400086903		
	I street address of the current registered a trnent of State:	gent and registered office on file with the		
	Massaro, Louis A			
	1571 W Copans Rd Suite 101			
	Pompano Beach, FL 33064 US		. =	NSIV SEL
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	APR -6	
	Corporation Service Company		79	300
	1201 Hays Street		<u>-</u>	
	(P.O. Box NOT acceptable)	ယ	
The street addre	Tallahassee, FL 32301 ess of its registered office and the street be identical.	address of the business office of its registe	ered agen	t,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer stiffed in writing of the change.	so	
Mark	use of an officer or director)	Maureen Cathell, Attorney In Fact (Printed or typed name and title)		<u>.</u>
I hereby accept I further agree t of my duties, an document is beil corporation has	the annointment as registered agent an	* **	erformand Or, if the m that th	ce iis ie
By: (Sig	mature of Registered Agent)	04/05/2011 (Date)		·
	half of an entity:			
Sylvia Queppo	•			
(T	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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