

PD4000118878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

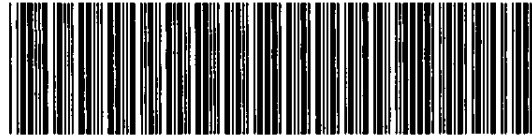
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900240475589

10/15/12--01026--017 \*\*35.00

12 OCT 15 AM 11:55  
RECEIVED  
FILING OFFICE  
STATE OF NEW YORK

PO/chs  
10/16/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AKRO Consulting Inc.  
Name of Corporation

DOCUMENT NUMBER: P04000118878

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:

Guiana Esrubilsky  
Name of Contact Person

AKRO Consulting Inc  
Firm/Company

20900 NE 30 AV #310  
Address

Aventura, FL 33180  
City/State and Zip Code

Guiana@AKRO.US  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucia Robles at (954) 399-8121  
Name of Contact Person Area Code & Daytime Telephone Number

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AKRO CONSULTING INC.
2. The principal office address: 20900 NE 30th Ave - ste 310  
Aventura - FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08 / 2004 Document number: P0400011 8878
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)  
1250 EAST Hallandale Beach Blvd  
Suite 903  
Hallandale, FL 33009
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
20900 NE 30th Ave.  
Suite 310  
P.O. Box NOT acceptable  
Aventura, FL 33180

RECEIVED  
DIVISION OF CORPORATIONS  
12 OCT 15 AM 11:55

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.

[Signature]  
Signature of an officer or director

Guion Esquivel - President  
Printed or typed name and title

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

[Signature]  
Signature of Registered Agent

10/11/12  
Date

If signing on behalf of an entity:

[Signature] AKRO CONSULTING INC.  
Typed or Printed Name

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