P05000084515

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National Registered Agents, Inc. 10985 Cody Street Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

November 10, 2005

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Moss & Roseman Tax Consulting, Inc. Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned Moss & Roseman Tax Consulting, Inc. enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Moss & Roseman Tax Consulting, Inc. (Name of corporation)	
DOCUMENT NUMBER: P05000084515	
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:	
Lisa Reeves	
(Name of person)	
National Registered Agents, Inc.	≗ం •
(Name of firm/company)	S NO
10985 Cody Street, Suite 210	DV 14 ETARY FASSE
(Address)	
Overland Park, KS 66210	STATE LORIC
(City/state and zip code)	
For further information concerning this matter, please call:	
Lisa Reeves at (913) 7 (Name of person) (Area code & code)	54-0637 daytime telephone number)
(Name of person) (Area code & C	raytime terephone number)
Enclosed is a \$35.00 check made payable to the Department of State	
Mailing Address:Street AddrAmendment SectionAmendmentDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. GaineTallahassee, FL 32314Tallahassee,	Corporations es Street

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

-		7.0502, 607.1508, or 617.1508, Florida Statutes,	, this sta	itemen	t of
=	_	nder the laws of the State of Florida		in c	order
to change its reg	gistered office or registered agent, c	or both, in the State of Florida.			
1. The name of	he corporation: Moss & Roseman	n Tax Consulting, Inc.			<u>.</u>
2. The principal	office address: 2000 Ponce De Le	eon Blvd-6th Floor, Coral Gables, FL 33134			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 6/8/2005	Document number: P05000084515			
	I street address of the current register tment of State:	ered agent and registered office on file with the	ALLA.	05 N	
	Arthur J Moss		_¥.E	NO.	7
	1825 Ponce De Leon Blvd 420		3SS Aut	Ŧ	
	Coral Gables, FL 33134		OF ST	PM 4:	ED
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	TATE ORIDA	12	
	NRAI Services, Inc.		 -		
	2731 Executive Park Drive, S	Suite 4			
	(P.O. Box or pe	ersonal mailbox NOT acceptable)	-		
	Weston, FL 33331				
The street addre	ess of its registered office and the identical.	street address of the business office of its registe	ered age	ent, as	
Such change wa	is authorized by resolution duly ac e conforation has been notified in	dopted by its board of directors or by an officer writing of the change.	so auth	orized	l by
	ignature of an officer or director)	Arthur J Moss, President (Printed or typed name and	title)		
I hereby accept I further agree to duties, and I am being filed mere been notified in	the appointment as registered age to comply with the provisions of a familiar with and accept the obli- ly to reflect a change in the regist writing of this change.	ent and agree to act in this capacity. Il statutes relative to the proper and complete p gation of my position as registered agent. Or, i tered office address, I hereby confirm that the c		ince o ocumé ion ha	f my nt is is
NRAI Services	(Signature of Registered Agent)	///0/05 (Date)	<u> </u>	 _	.
	half of an entity:	, ,			
Lisa Reeves		Assistant Secretary			
	(Typed or Printed Name)	(Capacity)			

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