05000166576

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06/26/06--01026--002 **35.00

COVER LETTER

Division of Corporations
SUBJECT: DEREVE CONSULTING, INC. (Name of Corporation)
DOCUMENT NUMBER: P05000166576
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:
SUSAN DEREVE (Name of Contact Person)
DEREVE (ONSULTING, INC. (Firm/Company)
1004 TANTON CIRCLÉ (Address)
PENSACULA, FL 32506 (City/State and Zip Code)
For further information concerning this matter, please call:
SUSAN DEREVE at (205) H190623 (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

TO:

Amendment Section

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

statement of change is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of FLORIDA istered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	DEREVE LONSULTING, INC.
2. The principal office address:	1004 TANTON CIRCLE
	PENSALOLA. FZ 32506
3. The mailing address (if different	i):
4. Date of incorporation/qualificati	ion: 12/26/05 Document number: PO 5000/66 576
5. The name and street address of the Florida Department of State:	he current registered agent and registered office on file with the
<u> Susan</u>	C.DEREVE TO 8
281 h	COEREVE TO 8 JAVA AVENUE TO SET TO THE TOP TH
	ILLE. FL 32578
(if changed):	he new registered agent (if changed) and /or registered office
	N C.DEREVE
1004	(P.O. Box NOT acceptable)
PENSA	4coca, Fr 32506
The street address of its registered as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
(Signature of an officer or direct	SUSANC. DEREVE - PRESIDENT (Printed or typed name and title)
I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar will document is being filed merely to corporation has been notified in v	as registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.
Deren	
(Signature of Registered Ag	ent) (Date)
If signing on behalf of an entity:	
SUSAN DEKEVE (Typed 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 * * *