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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: <u>CARVA</u> //o <u>Consulting</u> <u>GROUP</u> , Inc.
DOCUMENT NUMBER: PO60000 45783
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:
(Name of Contact Person)
(Number of Contact 1 (15011)
CARVALLO CONSUlting GROUP, Inc
9754 S.W. 155 FERRACE (Address)
Migmi FL 33174 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID CANUA (10 at (305) 740-845/ (Name of Contact Person) at (305) 740-845/ (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: CARVA(10 Consulting Group, Inc., 2. The principal office address: 9754 S.W., 1st France
2. The principal office address: 9759 S.W. 15 Fearage
Miani, FC 33174
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/29/2006 Document number: P06000 45783
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Peter 2, Petr
17051 N.E. 35, TH Ave. #203
North Minni 3 Beach, FC 331 8 840
Peter 2, Petr 17051 N.E. 35 Th Ave. #203  Nonth Minne 38each, EC 3318020  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
VAVID CARVA 10
9754 S.W. 1st HRRAGE (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)  Migni FC 33174
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 of an officer of director)  DAVID CARVA/10 PRESI Den 1  (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 of Registered Agent) 12/5/06 (Date)
If signing on behalf of an entity:
DAVID CARVACCO

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

(Typed or Printed Name)