## PXXXXXX

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
·		
Certified Copies Certificates of Status		of Status
•	_	
	<del></del>	
Special Instructions to Filing Officer:		
		1
		1
		]
		}
		Į
<u> </u>		

Office Use Only



600072653376

Charge

05/11/06--01023--004 \*\*35.00



FILED

06 MAY II PM 4: 24

SECRETARY OF STATE
ALLAMASSEE, FLORINA

5/11/06

FILINGS, INC. TERESA ROMAN (Requestor's Name) 2805 LITTLE DEAL ROAD (Address) TALLAHASSEE, FLORIDA 32308 385-6735 OFFICE USE ONLY (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. First Republic consultants, Toc. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials

CR2E031(10/92)

Other

## 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: FIRST KENUBLIE CON SULTANTS, NC.		
2. The principal office address: 12265 ROCKLEBER CIRCLE		
Proces Paron, Fe 33408		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 4/7/Db Document number: PDLDDDD50769		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Spiegel + Utiera. P.A.		
Miami, FL 33/45 Fig. 2		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
7000 W PIRMETTO PARK RAND, #500		
POCH RATON, Fe 33433		
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.  SHELDON DEV, NO PRECIDENT		
(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.		
51,104		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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