## P06000109604

4	
(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
	ļ
	:
	İ

Office Use Only



000134948360

08/29/08--01029--004 \*\*35.00



Achans Neuro 9-18-08

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
:		
SUBJECT: H L B CONSULTANTS INC.		
(Name of Corpo	oration)	
DOCUMENT NUMBER: P03000018294		
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to t	_	
Trease return an correspondence concerning this matter to t	ne following.	
Liitan Badaar		
Hilton Bodner (Name of Contact	t Person)	
<b>(</b>	,	
V 7 D 0 166- Inc		
H L B Consultants.Inc. (Firm/Compa	any)	
, ,		
11930 Bayshore Dr. Unit 1209		
(Address)	)	
•		
N, Miami,FI 33181		
(City/State and Z	ip Code)	
For further information concerning this matter, please call:		
·		
Hilton Bodner a	t (305 ) 892-0132 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Entropy is a \$55.00 theore made payable to the Beparanon		
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (8/05)

## 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, Flostatement of change is submitted for a corporation organized under the laws of the Statement of the Statement of change is submitted for a corporation organized under the laws of the Statement	te of _Florida
in order to change its registered office or registered agent, or both, in the Sta	te of Florida.
1. The name of the corporation: H L B Consultants Inc.	
2. The principal office address: 11930 N. Bayshore Drive, Unit 120	09
North Miami, F1 33181-2901	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/21/2006 Document number: I	206000109604
5. The name and street address of the current registered agent and registered office on a Florida Department of State:	file with the LEGRE T
Silva'a Enterprise, Inc.	ASSI LE
5220 S. University Drive, Suite C-102	— Francis
Davie, Fl 33328	3: 21 STATE FLORIE
6. The name and street address of the new registered agent (if changed) and /or register (if changed):    Hittor Bocker     1930   Backer     (PO. Box No facceptable)     Marrie   133181	 DpT 1209
The street address of its registered office and the street address of the business office as changed will be identical.	ce of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the changes of the change	by an officer so
(Signature of an officer or director)  I hereby accept the appointment as registered agent and agree to act in this capacit further agree to comply with the provisions of all statutes relative to the proper at of my duties, and I am familiar with and accept the obligation of my position as resultance to be seen to the proper at document is being filed merely to reflect a change in the registered office address, corporation has been notified in writing of this change.	
(Signature of Registered Agent) (Date)	<del></del>
If signing on behalf of an entity:	TÄEÜÄHÄSSEE, FLÖRIBA
(Typed or Printed Name)  * * * FILING FEE: \$35.00 * * *	SECRETARY OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323 14 1 3 3 3 4 5 5 CR2E045 (8/05)