106000118238

ARTI BHASKAR 1869 WOOLBRIGHT ROAD BOYNTON BEACH, Fl. 33426

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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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CONVERGENT HOLDINGS, MINC.
2. The principal office address: 1869 WOOLBRIGHT ROAD
BOYNTON BEACH, Fl. 33426
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>SEP T13</u> , o ら Document number: <u>P06000118238</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Florida Department of State.
SOUTH FLORIDA TAX, IN.
1814 N DIVIL HWY
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ARTI BHASKAR BE 3
1869 WOOLBRIGHT RUAD
(P.O. Box NOT acceptable) BOYNITON BEACH [NOTE ALMARECHIENT, FL. 33426
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 or director) ARTI BHASILAR, PRESIDENT
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.
Auch Blaska 07/10/07 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Tuned on Dringed Name)
(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 * * *