POW0/37400

(Requestor's Name) (Address)	
(Addiess)	90010
(Address)	80010
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06/19/07-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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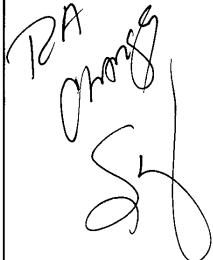
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ARB Consulting Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P06000127400
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:
·
BAHRAM ROOSTA
BAHRAM ROOSTA (Name of Contact Person)
AXB Consulting Services, Inc.
(Firm/Company)
in the second
672 Stanton Drive
(Fiduless)
WESTON FL. 33326
WESTON FL. 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Follows)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee El 22301

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

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of FL. change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: AXB Consulting Services, Inc
2. The principal off	ice address: 672 Stanton Drive
	Weston FL. 33326
3. The mailing add	ress (if different):
4. Date of incorpor	ation/qualification: 10/4/06 Document number: P06000 127400
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file with the ent of State:
_	Bahram Roosta
****	535 Talavera Rd
	WESTON FL. 33326
6. The name and st (if changed):	reet address of the new registered agent (if changed) and /or registered office
-	Bahram Roosta BA 3
_	672 Stanton Drive
	(P.O. Box NOT acceptable)
_	Weston, FL. 33326
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Bahram	BAHRAM ROOSTA (Printed or typed name and title)
I hereby accept the I further agree to of my duties, and I document is being corporation has be	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change.
Adron	ture of Registered Agent) 6/14/07 (Date)
If signing on beha	
(Тур	ed 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 * * *