P06000/27400

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	
Corre	tes document sphru cau 8/12/07
by tel	ighme cau
1 L	8/14/20

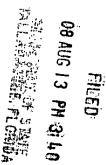
Office Use Only



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COVER LETTER

TO: Amen Divisi	dment Section on of Corporations	
SUBJECT:	A & B CONSULTING S	SERVICES, INC.
DOCUMENT	NUMBER: P06000 127400	AND THE RESIDENCE OF A STATE OF THE PROPERTY O
The enclosed	Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	the following:
	BAHRAM ROC (Name of Contac	OSTA et Person)
	A&B CONSULTING	SERVICES, INC.
,	194 CAMERON (Address	CT.
	WESTON, FL. (City/State and 2	33326 (Ip Code)
For further in	formation concerning this matter, please call:	:
BA	HRAM ROOSTA (Name of Contact Person)	at ((954) 907-4989 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departme	nt 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
		l'allahassee, 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A & B CONSULTING SERVICES, INC.
2. The principal office address: 194 Cameron CT.
WESTON, FL- 33326
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/4/06 Document number: PO 6000 12 74-00
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BAHRAM ROOSta
672 STANTON DRIVE
WESTON, FL. 33326
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BAHRAM ROOSTA 194 CAMERON CT. (P.O BOX NOT acceptable)
194 CAMERON CT.
WESTON, FL. 33326
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.
BAHRAM ROSTA (Signature of an officer or director) BAHRAM ROSTA (Printed or typed name and tifle)
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.
Advota 8/8/08 (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 * * *

CR2E045 (8/05)