

P07000028242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

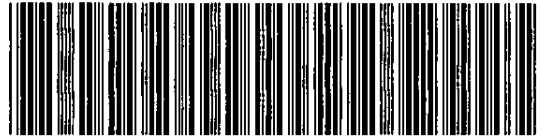
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### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CEFB Consulting, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P07000028242

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:

Cathleen Foerster  
(Name of Contact Person)

CEFB Consulting, Inc  
(Firm/Company)

481 High Tide Drive  
(Address)

St. Augustine, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathleen Foerster at 904, 315-4676  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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  
Tallahassee, 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CEFB Consulting, Inc.
2. The principal office address: 481 High Tide Dr.  
St. Augustine, FL 32080
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/3/2007 Document number: P07000028242

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cathleen E. Foerster  
1301 Plantation Island Drive S., Suite 300  
St. Augustine, FL 32080

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cathleen E. Foerster  
481 High Tide Drive  
(P.O. Box NOT acceptable)  
St. Augustine, FL 32080

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.

Cathleen E. Foerster  
(Signature of an officer or director)

Cathleen E. Foerster, President  
(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.

Cathleen E. Foerster  
(Signature of Registered Agent)

12/12/08  
(Date)

If signing on behalf of an entity:

Cathleen E. Foerster  
(Typed or Printed Name)

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

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

**FILED**  
**08 DEC 17 AM 8:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**