Po7000031639

(Requestor's N	lame)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP WA	NT MAIL	
(Business Enti	ity Name)	
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08 JUN -2 AM 8: 13
SECRETARY OF STATE
TALL AHASSEF FLOSIO

R.A. Chorg

& Coudiosta JUN 0 5

COVER LETTER

TO: Amendment Division of	t Section Corporations	
SUBJECT: CLR C	Consulting Inc.	Corporation)
	(114410-01-0	os, porumon,
DOCUMENT NUM	MBER: P07000031639	
The enclosed Statem	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all corn	respondence concerning this matte	r to the following:
	laudia Roussos	
2		ntact Person)
	(Name of Co	mact reison)
С	LR Consulting Inc.	
	(Firm/C	ompany)
66	15 Boynton Beach Blvd. #23	4
	(Add	ress)
Во	ynton Beach, FL 33437	
	(City/State a	nd Zip Code)
For further informati	ion concerning this matter, please	call:
Claudia Roussos	; ;	at (540) 514-2546
(Nап	ne of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

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, Floria e is submitted for a corporation organized under the laws of the State of	f Florida
	change its registered office or registered agent, or both, in the State of	j rioriaa.
	corporation: CLR Consulting Inc.	
2. The principal off	ice address: 6615 Boynton Beach Blvd, #234, Boynton Bea	ch, Fl 33437
3. The mailing addr	ess (if different):	
4. Date of incorpora	ation/qualification: 12 Mar 2007 Document number: P070	00031639
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file ent of State:	with the
Sh	nivawn E. Guinness	
<u>45</u>	603 NW 103rd Ave, Suite 101	
Su	unrise, FL 33351	OL TALL
(if changed):	reet address of the new registered agent (if changed) and /or registered	JUN -2
Da —	arline Richter C.P.A.	me ≥ m
88	95 N Military Trail, Suite 306E	
	(P.O. Box NOT acceptable)	SE 3
Pa —	alm Beach Gardens, FL 33410	
as changed will be		
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by board, or the corporation has been notified in writing of the change.	an officer so
fler	CLAUDIA ROUSSOS, F.	RESIDENT
(8	r an officer or director) (Printed or typed fiame	and title)
I hereby accept the I further agree to co 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 am familiar with and accept the obligation of my position as regist filed merely to reflect a change in the registered office address, I have notified in writing of this change.	complete performance ered agent. Or, if this ereby confirm that the
Signat	Ultimot S/27/08 ule of Registered Agent) (Date)	
If signing on behal	If of an entity:	
DATINE_1	Richter Travani+Richter PA	

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

(Typed or Printed Name)