P07000052566

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SECRETARY OF STATE

R.A.

TBrown 3-18-11

COVER LETTER

TO:	TO: Amendment Section Division of Corporations							
SUBJECT: TOP TEN CONSULTING, INC. Name of Corporation								
DOC	UMENT NUMBER: P07000052566							
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:								
PETER SAVINEAU Name of Contact Person								
MCR PARTNERS, INC. Firm/Company								
20533 BISCAYNE BLVD (1301) Address								
MIAMI, FL 33180 City/State and Zip Code								
MCRPARTNERS@YAHOO.COM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	PETER SAVINEAU at (305) 725-7405 Name of Contact Person Area Code & Daytime Telephone Number							
Enclos	ed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations							

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo under the laws of the Stat agent, or both, in the Stat	te of FLORIDA
1. The name of the	he corporation: <u>TOP T</u>	EN CONSUL	TING, INC.	
2. The principal	office address: 3109 (GRAND AVENUE	(423)	
MIAMI, FL	33133			
3. The mailing ac	ddress (if different):		.	
4. Date of incorp	oration/qualification:	05/01/2007	Document number:	P07000052566
	street address of the cur ment of State: (If resign		and registered office on f	ile with the
	CORPORATION	SERVICE COMP	ANY	
	1201 HAYS STRE	ET		
•	TALLAHASSEE F	L 32301		
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or register	SSS I
	MCR PARTNERS	, INC.		PH 2:5
	20533 BISCAYNE	BLVD (1301) P.O. Box NOT acce	ptable	ORIO
	MIAMI, FL 33180			
The street addre	ss of its registered offic be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifie	its board of directors or d in writing of the chang	by an officer so e.
Signature	tole———e of an officer or director	Н	ENRI-JAMES TIFLE Printed or typed nam	MAN PRESIDENT
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as regi of comply with the provi of I am familiar with and og filed merely to reflec been notified in writing	stered agent and ag stons of all statutes I accept the obligati t a change in the reg of this change.	ree to act in this capacit relative to the proper an on of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Sign	ature of Registered Agent		03/01/2	011
If signing on bel	nalf of an entity:			
P. SAVINEAL	J - MCR PARTNER ped or Printed Name	S, INC.		

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

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