

P07000088315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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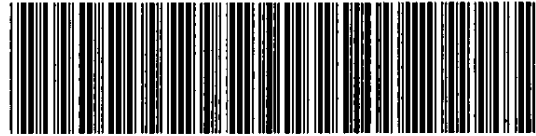
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLETTE

MAY 05 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rhino Accounting Solutions
Name of Corporation

DOCUMENT NUMBER: P07 0000 88315

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:

Alein Delgado
Name of Contact Person

Rhino Accounting Solutions
Firm/Company

2212 SW 137 CT
Address

Miami FL 33175
City/State and Zip Code

alein.delgado760@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alein Delgado at (305) 528 5377
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rhino Accounting Solutions
2. The principal office address: 2212 SW 137 CT Miami FL 33175 (new)
3. The mailing address (if different): (same) 2212 SW 137 CT Miami FL 33175 (new)
4. Date of incorporation/qualification: 07/31/2007 Document number: P 07 000088315
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)

Alein Delgado
14136 SW 62 St
Miami FL 33183

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

Alein Delgado
2212 SW 137 CT
Miami FL 33175

P.O. Box NOT acceptable

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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.

Alein
Signature of an officer or director

ALEIN DELGADO, OFFICER
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.

Alein
Signature of Registered Agent

4/26/2010
Date

If signing on behalf of an entity:

Alein Delgado / Rhino Accounting Solutions
Typed or Printed Name

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