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COVER LETTER

Division of Corporations

SUBJECT: VK CONSULTANTS, INC.

(Name of Corporation)

DOCUMENT NUMBER: PO7000100595

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:

VASANT KAMATH

(Name of Contact Person)

VK CONSULTANTS, INC.

(Firm/Company)

8126 SABAL OAK LANE

(Address)

TACKSONVILLE, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call: 200 - 646-0062(9)

Enclosed is a \$35.00 check made payable to the Department of State.

VASANT KANIATH
(Name of Contact Person)

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

at (Area Code & Daytime Telephone Number)

TO:

Amendment Section

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

Pursuant to the pr statement of chang in order		for a corporatio	on organize	d under i	he laws of	the State of	FLOS		
1. The name of the	e corporation:_	V K	2110)	ULTA	NTS,	INC.		_	
2. The principal o	ffice address:	8126	SAB	AL	OAK	CAN	ϵ		
	CKSUNV								
3. The mailing add	dress (if differe	nt):			<u>,</u>				
4. Date of incorpo	ration/qualifica	tion: 9/10	1200	7 Docum	ment numb	er: Po	7000	100	595
5. The name and s Florida Departr		the current reg	istered ager	nt and reg	gistered off	ice on file w	ith the		
_	CORP	ORATION	SER	VICE	<u>(o.</u>		<u></u>	3	
	1201	HAYS	ST.				SECT SECT	5	H
_	TALLA	HASSE		٤	3230	1	RETAR'	II. 29	enfact) energy exten
6. The name and s (if changed):		_	-		ed) and /or	registered of	fice FLORI	29 PM 11: 27	Ö
_		HT KE				<u> </u>	_ >		
_	8126	SABAL		LAN	(E		_		
	TACKS	(P.O. Box NOT	•	ı	222 (- 6			
The street address as changed will b							— its register	ed agent,	,
Such change was authorized by the	authorized by board, or the o	resolution duly orporation has	adopted be been notif	y its boa ied in wi	rd of directions	tors or by a change.	n officer so)	
(Signature	of an officer or dire	Ctor)		VASF		typed name and	• • •	E CTOR)
I hereby accept the I further agree to of my duties, and document is being corporation has be	ne appointment comply with the I am familiar v g filed merely t been notified in	as registered a le provisions o vilh and accep o reflect a cha writing of this	agent and a f all statute t the obliga nge in the r change.	igree to describe to the second secon	act in this e to the pro ny position d office ad	capacity. oper and co oas register dress, I hero	mplete per ed agent. eby confirn	formanc Or, if thi n that the	e s
Mall	lllte	two		А	UGUST	25, 5	2008		
	ature of Registered A		_ -			(Date)			
If signing on beha	alf of an entity:								
(Туј	oed 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 * * *