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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: <u>Consul-Tech Enterprises, Inc</u> (Name of C	Corporation)
DOCI	JMENT NUMBER: P08000038933	
The er	aclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	er to the following:
	Tessi (Name of Co	e Circuns ontact Person)
	(1,111110-01-00)	
	CS	A Group
	(Firm/C	ompany)
	Mercantil Plaza	a Mezzanine Suite Iress)
	San Ju (City/State a	an, PR 00918 nd Zip Code)
For fu	rther information concerning this matter, please	call:
	Anaris McCargo	at (305) 461-5484 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Depar	tment 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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both or in order to change its registered office or registered agent, or both or in order to change its registered office or registered agent.	Florida		
1. The name of the corporation: Consul-Tech Enterprises, Inc.			
2. The principal office address: 6100 Blue Lagoon Drive Suite 300 Miami FL 33	1126		<u>,</u>
3. The mailing address (if different): 6100 Blue Lagoon Drive Suite 300 Miami F	L 33126		
4. Date of incorporation/qualification: 4/16/08 Document number: P0800	0038933		
5. The name and street address of the current registered agent and registered office on file wi Florida Department of State: (If resigned, enter resigned)		0 8 0	DIVISION
William F. Brown	_	000	
6100 Blue Lagoon Drive Suite 300		TARY OF COI	
Miami FL 33126		₽ H F:	POR
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	4	သ ထ	TARY OF STATE OF CORPORATIONS
Carlos Mallol			
6100 Blue Lagoon Drive Suite 300 (P.O. Box NOT acceptable)	_		
Miami FL 33126	_		
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered a	igent,	
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	n officer so		
(Magasture of an officer or director) Frederik L. Rie (Printed or typed name and	fkohl		
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 cot of my duties, and I am familiarly like and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	mplete performed agent. Or, by confirm the	nance if this at the	;
101/08			
(Dafe) If signing on behalf of an entity:		_	
(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
CR2E045 (8/05)