P08000073001

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	DOUGLAS MOORE CO Name of C	ONSULTING, INC. Orporation	··········
DOCUMENT NUM	BER: P08	000073001	
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitted	l for filing.
Please return all corre	espondence concerning this matter	to the following:	
	JOHN C	ONTIERI	
_	Name of Co	ntact Person	
_			
	Firm/Co	ompany	
	6254 TOWNCE		
	Add	ress	
	NAPLES,	FL 34119	
	City/State ar	id Zip Code	
	johncontieri@	comcast.net	
E-	-mail address: (to be used for fi	uture annual report notifica	ition)
For further information	on concerning this matter, please of	call:	
	lohn Contieri	at (501) Area Code & Daytime	258-0781
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 c	check made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Secti	on
	Division of Corporations	Division of Corpo	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive C	Center Circle

Tallahassee, FL 32301



August 30, 2011

JOHN CONTIERI 6254 TOWNCENTER CIRCLE NAPLES, FL 34119

SUBJECT: DOUGLAS MOORE CONSULTING, INC.

Ref. Number: P08000073001

We have received your document for DOUGLAS MOORE CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 811A00020229

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

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: Douglas Moore Consulting, Inc.
2. The principal o	office address: 9292 Rosewater Lane, Jacksonville, Fl 32256
3. The mailing add	dress (if different):
4. Date of incorpo	oration/qualification: August 5, 2008 Document number: P08000073001
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Corporation Service Company
·	1201 Hays Street
•	Tallahassee, Fl 32301 (resigned)
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
_	John Contieri Sparies 5
9	6254 Towncenter Circle
1	P.O. Box NOT acceptable Naples, FI 34119
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Douglas	Douglas Moore, President of an officer or director Douglas Moore, President Printed or typed name and title
I hereby accept the I further agree to of my duties, and document is being corporation has be	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Clan	August 25, 2011 Date
If signing on beha	
Clarence	ed or Printed Name

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