## P09000010949

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

OUR INCID	LNE Consu	lting Inc				
SUBJECT: LNE Consulting, Inc.  Name of Corporation						
DOCUMENT NUMBER:	P09	9000010949				
The enclosed Statement of Char	nge of Registered Offic	ce/Agent and fee are subm	nitted for filing.			
Please return all correspondence	e concerning this matte	er to the following:				
	Samanth	na Jackson				
	Name of Contact Person					
	Maxiaus Financ	dal Caminas Inc				
	Meriam Financial Services, Inc. Firm/Company					
PO Box 52588						
	Ad	dress	<del></del>			
Mesa, AZ 85208 City/State and Zip Code						
City/State and Zip Code						
<del> </del>	nycklisa@o	ptonline.net	• (*			
E-mail address: (to be used for future annual report notification)						
For further information concern	ing this matter, please	call:				
Samantha J		at (720)	318.8456 time Telephone Number			
Name of Contac	t Person	Area Code & Day	time Telephone Number			
Enclosed is a \$35.00 check mad	le payable to the Depa	rtment of State.				
Ameno Divisio	g Address: Ilment Section on of Corporations ox 6327	Street Addres Amendment S Division of C Clifton Build	Section Corporations			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida		
1. The name of	the corporation: LNE (	Consulting, Inc	<b>c.</b>			
2. The principal	office address: 6030 H	ollywood Blvd S	Ste 220, Hollywood, F	L 33024		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	02/03/2009	Document number:	P09000010949		
	d street address of the cur rtment of State: (If resign		at and registered office on f	ile with the		
	Julie Edmonds					
	200 SOUTH PARK ROAD STE 425					
	HOLLYWOOD FL	33021 US		TASE 7		
6. The name and (if changed):	d street address of the nev	v registered agent (i	if changed) and /or register	Sale in		
	Julie Edmonds			OF STA		
	6030 Hollywood Bl			PRIE : 35		
	Hollywood, FL 330	P.O. Box NOT ac	ceptable	7		
	ess of its registered office l be identical.	e and the street add	dress of the business offic			
authorized by	he board, or the corpora	tion has been notifi	y its board of directors or led in writing of the chang	ge.		
Signatu	re-of-an orricer or director	<u> </u>	Julie Edr	monds ne and title		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	igree to act in this capacit s relative to the proper ar ition of my position as reg egistered office address, i	ty. nd complete performance istered agent. Or, if this I hereby confirm that the		
- Ambre	gnature of Registered Agent		10/11/2 Date	2010		
	ehalf of an entity:					
-						
1	yped 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 \* \* \*