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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: D Rodi Consulting Company Name of Corporation			
DOCUMENT NUMBER: <u>P0900032990</u>			
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:			
David M. Pearson Name of Contact Person D Rudi Consulting Company Firm/Company			
911 NW 7th St. Address Boynton Beach FL 33426			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (954) 464 6332 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 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

٠	1. The name of the corporation: D Rudi Consulting Co. 2. The principal office address: 911 NW 7th 5t			
lew * Address	Boynton Beach FL 33426			
•	3. The mailing address (if different):			
	4. Date of incorporation/qualification: 4/13/09 Document number: Po9000	032990		
	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)	e -		
	Vavid Pearson 2512 NW 4th St	APR APR		
	Boynton Beach FL 33426	FILEU FILEU -7 PH		
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Pearson	11: 1.7		
	911 NW 7th St P.O. Box NOT acceptable Boynton Beach FL 33426			
	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 offic authorized by the board, or the corporation has been notified in writing of the change.	er so		
	Signature of an officer or director Printed or typed hame and title	President		
	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 a agent. Or, if this document is being filed merely to reflect a change in the registered office ad hereby confirm that the corporation has been notified in writing of this change.	e egistered dress, l		
	Signature of Registered Agent 4/2/14 Date	· · · · · · · · · · · · · · · · · · ·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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