P0900057237

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Flatwoods Consulting Group Inc.

Name of Corporation

DOCUMENT NUMBER: P09000057237

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:

Shannon Gonzalez

Name of Contact Person

Flatwoods Consulting Group Inc.

Firm/Company

8306 Laurel Fair Circle, Suite 120

Address

Tampa, FL 33610

City/State and Zip Code

sgonzalez@flatwoodsconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Gonzalez

, 813

422-1542

Name of Contact Person

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
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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State (of Florida
1. The name of t	he corporation: Flatwoods Cons	sulting Group Inc.	
2. The principal	office address: 8306 Laurel Fair	r Circle, Suite 120, Tamp	a, FL 33610
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/02/2009	Document number: P090	000057237
	street address of the current registered tment of State: (If resigned, enter resigned,	2	with the
	Shannon M. Gonzalez		
	10150 Highland Manor Dr.	., Suite 200	TARREST TA
	Tampa, FL 33610		SEP
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered	office Page 1
	8306 Laurel Fair Circle, Su		28
	Tampa, FL 33610	IOT acceptable	_
The street addre	ss of its registered office and the stre be identical.	et address of the business office of	f its registered agent,
Such change wa authorized by th	authorized by resolution duly adopt e board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	an officer so
		Shannon M. Gonzale: Printed or typed name and	
I hereby accept I further agree t performance of agent Or if thi	the appointment as registered agent of a comply with the provisions of all stoms duties, and I am familiar with and s document is being filed merely to rethat the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and c d accept the obligation of my posit effect a change in the registered of	omplete ion as revistered
		09/05/2014	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped 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