

PO9000083847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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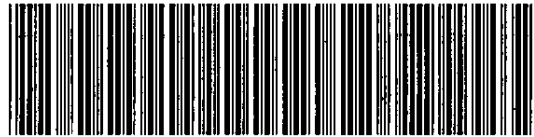
(Business Entity Name)

(Document Number)

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09 OCT 28 AM 9:22

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10/29/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FINANRISK CONSULTING ORLANDO INC
Name of Corporation

DOCUMENT NUMBER: P09000083847

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:

KATHERINE VANEGAS

Name of Contact Person

FINANRISK CONSULTING ORLANDO INC

Firm/Company

1424 RIDGE ST.

Address

KISSIMMEE, FLORIDA 34744

City/State and Zip Code

plc1424@yahoo.com

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

For further information concerning this matter, please call:

KATHERINE VANEGAS

Name of Contact Person

at (407)

932 08 00

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

KATHERINE VANEGAS
FINANRISK CONSULTING ORLANDO INC
1424 RIDGE ST.
KISSIMMEE, FL 34744

SUBJECT: FINANRISK CONSULTING ORLANDO INC
Ref. Number: P09000083847

We have received your document for FINANRISK CONSULTING ORLANDO 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 209A00033208

2009 OCT 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FINANRISK CONSULTING ORLANDO INC
2. The principal office address: 1426 RIDGE ST. KISSIMMEE, FLORIDA 34744
3. The mailing address (if different): 1424 RIDGE ST. KISSIMMEE, FLORIDA 34744
4. Date of incorporation/qualification: 10/09/2009 Document number: P09000083847
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)

2367 TOPAZ TRAIL

KISSIMMEE, FL. 34743

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1426 RIDGE ST.

KISSIMMEE, FLORIDA 34744

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
09 OCT 28 AM 9:22

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 officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

[Signature]
Printed or typed name and title

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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10/23/09
Date

If signing on behalf of an entity:

KATHERINE VAREGAS

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)