P1000000003810

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				

Office Use Only

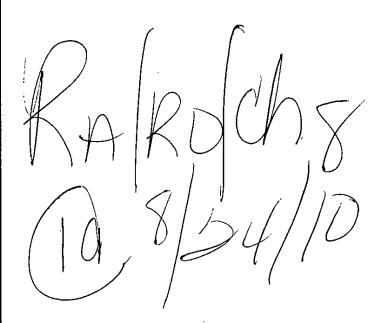


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SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

TO:	Amendment Section Division of Corporation	ons				
SUBJECT: SG BARJ Consulting Inc. Name of Corporation						
		Name of C	orporation			
DOC	JMENT NUMBER:	P10	000063810			
The er	closed Statement of Cha	ange of Registered Offic	e/Agent and fee are submi	tted for filing.		
Please	return all corresponden	ce concerning this matter	r to the following:			
		Steven G	Freenfield ntact Person	*************************************		
		Name of Co				
SG BARJ Consulting Inc.						
		Firm/Co				
		10183 Orchid	Reserve Drive			
		bbA				
		West Palm Re	ach Fl 33412			
	West Palm Beach, FL 33412 City/State and Zip Code					
			-			
	F :1 - d	sgbarj@gr	nail.com	~		
	E-man age	aress: (to be used for f	uture annual report noti	rication)		
For fu	rther information concer	ning this matter, please of	call:			
	Steven Gre	eenfield	at (561)	704-3225		
	Name of Conta	ct Person	at (561) Area Code & Dayti	me Telephone Number		
Enclos	sed is a \$35.00 check ma	de payable to the Depart	ment of State.			
	<u>Mailii</u> Amer	ng Address:	Street Address: Amendment So	ection		
		ion of Corporations	Division of Co			
		Box 6327	Clifton Buildin	ng		
	Tallal	nassee, FL 32314	2661 Executiv Tallahassee, F	re Center Circle L 32301		



August 16, 2010

STEVEN GREENFIELD SG BARJ CONSULTING INC. 10183 ORCHID RESERVE DRIVE WEST PALM BEACH, FL 33412

SUBJECT: SG BARJ CONSULTING INC.

Ref. Number: P10000063810

We have received your document for SG BARJ 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):

The document must have original signatures.

Photo copies of signatures are not acceptable.

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: 610A00019648



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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organize in order to change its registered office or registered	ed under the laws of the State of Florida
1. The name of the corporation: SG BARJ Consulti	
2. The principal office address: 10183 Orchid Reserve	
3. The mailing address (if different):	
4. Date of incorporation/qualification: August 3, 2010	
5. The name and street address of the current registered age: Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
6. The name and street address of the new registered agent ((if changed):	if changed) and /or registered office
Steven Greenfield	TO AUG
10183 Orchid Reserve Drive	cceptable 22
P.O. Box NOT a	,
West Palm Beach, FL 33412	
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered agent
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified.	y its board of directors or by an officer so ied in writing of the change.
Signature of an officer or director	Steven Greenfield Printed or typed name and title
I hereby accept the appointment as registered agent and a l further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the oblige document is being filed merely to reflect a change in the acceptance in the second component is been notified in writing of this change.	agree to act in this capacity. It is relative to the proper and complete performance Ition of my position as registered agent. Or, if this registered office address, I hereby confirm that the
FEETEN FRED	08-20-10
Signature of Registered Agent If signing on behalf of an entity:	Date
If signing on behalf of an entity:	
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)