P10000100097

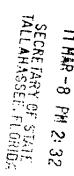
(Requestor's Name)					
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COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT:	P & E Consultan	ts, Inc.						
	Name of Corp	oration						
DOCUMENT NUMBER:	P1000	0100097	<u></u>					
The enclosed Statement of Chang	e of Registered Office/A	gent and fee are sub	mitted for filing.					
Please return all correspondence	concerning this matter to	the following:						
·	Pamela P. Byrd/Edd	die Kay Harris						
P & E Consultants, Inc,								
	Firm/Comp	any						
	2162 Golden Eagl	e Drive West						
	Address	5						
								
	Tallahassee, F	L 32312						
City/State and Zip Code								
	neconsultantsinc@	vahoo com						
peconsultantsinc@yahoo.com E-mail address: (to be used for future annual report notification)								
			,					
For further information concerning	ng this matter, please call	:						
Pamela P. E	Byrd ,	at (850)	727-1651					
Name of Contact	Person	Area Code & Da	727-1651 ytime Telephone Number					
Enclosed is a \$35.00 check made	payable to the Departme	nt of State.						
Mailing Amenda	Address: nent Section	Street Addre Amendment						
	of Corporations	: :	Corporations					
P.O. Bo	-	Clifton Buil	-					
	see, FL 32314		tive Center Circle					
	*	Tallahassee.	FL 32301					

TO:



February 2, 2011

PAMELA P BYRD 2162 GOLDEN EAGLE DR W TALLAHASSEE, FL 32312

SUBJECT: P & E CONSULTANTS INC.

Ref. Number: P10000100097

We have received your document for P & E CONSULTANTS 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):

You can only have one registered agent please decided who it will be. Earlie Kay Harris

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 411A00002819

RECENTED

11 MAR -8 AM 9:21

SECRET GRANE
FALLAHASSER FLORIDA

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

statement of cha	nge is submitted for a co	orporation organized	507.1508, or 617.1508, Fl I under the laws of the Sta I agent, or both, in the Sta	ate of Florida		
1. The name of t	he corporation: P & E	Consultants,	Inc.	<u> </u>		
2. The principal	office address: 2162 G	Solden Eagle Dri	ve West			
Tallahasse	e, Florida 32312	······································	PB - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			
3. The mailing a	ddress (if different): Po	st Office Box 15	582			
Tallahas	see, Florida 3231	7				
4. Date of incorp	oration/qualification:	01/01/2011	Document number:	P10000	100097	
	street address of the cur trnent of State: (If resign		t and registered office on	file with the		
	Ec	die Kay Harris				
	813 East Call Stree	et				
	Tallahassee, Florid	da 32301			5	
6. The name and (if changed):	street address of the new	w registered agent (if	f changed) and /or register	red office	II MAR - SECRETAI ALLAHAS	
		Eddie Kay Harris	5		RY 0	
	2162 Golden Eagle				PH 2: E.FLO	(
		P.O. Box NOT acc	eptable		: 32 PRID	
	Tallahassee, Florid	a 32312			F	
The street address as changed will	ss of its registered offic be identical.	e and the street add	ress of the business offic	e of its registe	ered agent,	
Such change was authorized by the	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifie	its board of directors or ed in writing of the chang	by an officer ge.	so	
Frank	a P. B.ro		Pamela P. Byr	d, Presiden	ıt	
I hereby accept i I further agree to of my duties, and document is bein	of an office or anector (OU) (MOMA) The appointment as region of the providence of	istered agent and ag sions of all statutes I accept the obligat t a change in the re g of this change.	Printed or typed name gree to act in this capacity relative to the proper arion of my position as regulatered office address, l	ty. d complete poistered agent. hereby confi	erformance Or, if this rm that the	
Local If signing on beh	ature of Registered Agent LOWN DOWN alf of arcentity:	_	1/2/0/20 Date	عاا ه		
Туј	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
CR2E045 (8/05)