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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporation	n ations	·			
SUBJECT:	Obanire Consult	ing, Inc			
,	Name of Corp	oration			
DOCUMENT NUMBER	P1100	0001503			
The enclosed Statement of	Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspond	dence concerning this matter to	the following:			
·	J	<u> </u>			
	Leodan P Name of Contac	upo			
	Name of Contac	et Person			
Obanire Consulting, Inc Firm/Company					
	riiii/Comp	auy			
	1721 SE 21st	Torraco			
	Address				
	Cape Coral, F	L 33990			
Cape Coral, FL 33990 City/State and Zip Code					
	leodan@obani	re com			
E-mail	address: (to be used for futu	re annual report notification)			
For further information con	cerning this matter, please call:				
Leoda	an Pupo a	at (239) 471-9746			
Name of Co	ntact Person	at (239) 471-9746 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check	made payable to the Departmen	nt of State.			
<u>M</u> .	niling Address:	Street Address: Amendment Section			
	vision of Corporations	Division of Corporations			
P.0	D. Box 6327	Clifton Building			
Та	llahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of cha	inge is submitted for a cor	poration organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	of Florida	
1. The name of t	the corporation: Obania	e Consulting	ı, Inc		
	office address: 3820 Co				
_	s, FL 33966				
	ddress (if different): <u>172</u> oral, FL 33904	1 SE 21st Terr	ace		
4. Date of incorp	ooration/qualification:	01/05/11	Document number:	P11000001503	
	I street address of the curr tment of State: (If resigne		nt and registered office on fil	e with the	
	3820 Colonial Blvd	Ste 101			
	Fort Myers, FL 3396	66			
6. The name and (if changed):	street address of the new	registered agent (i	if changed) and /or registered	2011 FEB 22 SECRETARY TALLAHASSE	f.
	1721 SE 21st Terra	ce		मिं 💮 📠	¥7
	Cape Coral, FL 339	90		AM 8:	
		P.O. Box NOT ac	ceptable	8: 57 GAIE ORIDA	
The street addre as changed will	ss of its registered office be identical.	and the street add	dress of the business office	of its registered agent,	
Such change wa authorized by th	s-authorized by resolution board, or the corporation	on duly adopted by on has been notifi	y its board of directors or by ed in writing of the change	y an officer so	
Signatur	e of an officer or director		Leodan P	UDO	
l further agree t of my duties, and document is beil	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect beep notified in writing	ions of all statute: accept the obliga a change in the re	gree to act in this capacity, s relative to the proper and tion of my position as regis egistered office address, I h		
6			02/17/1	1	
	lature of Registered Agent		Date		
If signing on bel	half of an entity:				
Ту	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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