

P11000002453

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : LEGALZOOM.COM INC.
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Phone : (323) 982-8600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CTS MANAGEMENT CONSULTANTS, INC.**

Certificate of Status	0
Certified Copy	1
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C.COULLETTE

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CTS MANAGEMENT CONSULTANTS, INC.
Name of Corporation

DOCUMENT NUMBER: P11000002453

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:

Dragana Ognenovska
Name of Contact Person

Legalzoom.com, Inc.
Firm/Company

100 W. Broadway Suite 100
Address

Glendale, CA 91210
City/State and Zip Code

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

For further information concerning this matter, please call:

Dragana Ognenovska at (323) 962-8800
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CTS MANAGEMENT CONSULTANTS, INC.
2. The principal office address: 1920 VIRGINIA AVE. #201 FORT MYERS FL 33901 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/07/2011 Document number: P11000002453
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)

1920 VIRGINIA AVE. #201 FORT MYERS FL 33901 US

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

1920 VIRGINIA AVE. #201 FORT MYERS FL 33901 US

P.O. Box NOT acceptable

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 officer or director

CORY DIXIE, PRESIDENT
Name of officer from the list

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

1/20/11
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
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