

P110000005653

(Requestor's Name)

(Address)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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@ 7/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RCM Financial Consulting, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000005653

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:

Nicole Fernandez-McGovern
Name of Contact Person

RCM Financial Consulting, Inc.
Firm/Company

18331 Pines Blvd. #270
Address

Pembroke Pines, Florida 33029
City/State and Zip Code

nfernandez@rcm-financial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Fernandez-McGovern at (305) 609-8525
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 11 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 7, 2011

NICOLE FERNANDEZ-MCGOVERN
RCM FINANCIAL CONSULTING, INC
18331 PINES BLVD. #270
PEMBROKE PINES, FL 33029

SUBJECT: RCM FINANCIAL CONSULTING, INC.
Ref. Number: P11000005653

We have received your document for RCM FINANCIAL 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):

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.

The registered agent must sign accepting the designation.

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: 011A00013897

**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: RCM Financial Consulting, Inc.

2. The principal office address: 18331 Pines Blvd. #270 Pembroke Pines, Florida 33029

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/18/2011 Document number: P11000005653

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)

851 SW 191 Lane

Pembroke Pines, Florida 33029

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

18331 Pines Blvd. #270 Pembroke Pines, FL 33029

P.O. Box NOT acceptable

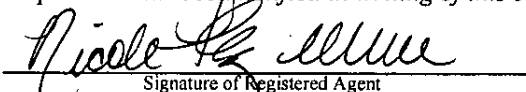
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Nicole Fernandez-McGovern
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 of Registered Agent

July 9, 2011
Date

If signing on behalf of an entity:

Nicole Fernandez-McGovern
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 11 PM 2:05