

P11000041897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALLEA CONSULTING INC
Name of Corporation

DOCUMENT NUMBER: P11000041897

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:

SANFORD L. MUCHNICK, ESQ.
Name of Contact Person

SANFORD L. MUCHNICK, PA
Firm/Company

3864 SHERIDAN STREET
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

tpicchio@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanford L. Muchnick, Esq. at (954) 744-2105
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CALLEA CONSULTING INC.
2. The principal office address: 3864 SHERIDAN STREET
HOLLYWOOD, FL 33021
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 4/29/11 Document number: P11000041897

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)

SPIEGEL & UTERA, PA
1840 SW 22ST, 4TH FLOOR
MIAMI, FL 33145

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

SANFORD L. MUCHNICK, ESQ.
3864 SHERIDAN STREET
P.O. Box NOT acceptable
HOLLYWOOD, FL 33021

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.

Antonio Callea Pres. ANTONIO CALLEA, PRESIDENT
Signature of an officer or director 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] October 17, 2011.
Signature of Registered Agent 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

Change of Address

OMB No. 1545-1163

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.
 ▶ Decedent's name Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5a Your prior name. See instructions.	
5b Spouse's prior name. See instructions.	
6a Old address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	
6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	
7 New address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 Business location

11a Business name CALLEA CONSULTING INC	11b Employer identification number 45-2102435
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12 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.
 3113 STIRLING ROAD, #102, HOLLYWOOD, FL 33312

13 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.
 3864 SHERIDAN STREET, HOLLYWOOD, FL 33021 *9/0 S. L. Muchnick*

14 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.
 SAME AS MAILING NEW MAILING ADDRESS

Part III Signature

Daytime telephone number of person to contact (optional) ▶ 954-744-2105

Sign Here	<i>Antonio Callea</i>	10-17-11	<i>Antonio Callea</i>	10-17-11
	Your signature	Date	If Part II completed, signature of owner, officer, or representative	Date
			PRESIDENT/SECRETARY	
	If joint return, spouse's signature	Date	Title	