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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EJK CONSULTING SOLUTIONS FIX. Name of Corporation OLLODO OSCO
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:
EN KLACZAK
Name of Contact Person
ESK CONSULTING SOLUTIONS INC
Firm/Company
316 WATERWAND DI. Address
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future around report notification)
E-mail address: (to be used for future aroual report notification)
For further information concerning this matter, please call:
FED KIA CZAK at 7)2 834-4084 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

1. The name of the corporation:	ESK	CONSULTING	SOLUTIONS / NC	٠,
2. The principal office address:	316	WATER WOOD	DR.	
	YAL	AHA, FL	34797	
3. The mailing address (if different)				
4. Date of incorporation/qualification	on:/	20]] Document	number: P110005	9
5. The name and street address of the Florida Department of State: (If r			ed office on file with the	4
Edu	rocrd	J. Klacza	<u>/c</u> =	
457	154	2 Ler Palama	Dr	663
		, FL 349		A SHIP
6. The name and street address of the (if changed):				: }
Edi	ward	J, Klacza	k	6
314	, WA	TERWOOD D	Γ.	
Ye	P. 4-LA HA	J. Klacza TERWOOD D O. Bos NOT acceptable FL 347	97	
The street address of its registered is changed will be identical.	office and t	he street address of the bu	siness office of its registered ag	gent
Such change was authorized by res outhorized by the board, or the corp	20 ration has	∤been notified in writing c	I the change.	,
Signature of an officer or director	acyste	C EAu	MRD J. ICLA CZA	1
hereby accept the appointment as further agree to comply with the performance of my duties, and I an agent. Or, if this document is being ereby confirm that the corporation	revistered	agent and agree to act in a	d or typed name and title his capacity, e proper and complete on of my position as registered e registered office address, I hange. Jol3	l

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

Typed or Printed Name