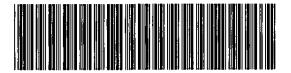
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SECRETARY OF STAIL DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BOND CONSULTING GROUP 2, INC. Name of Corporation
DOCUMENT NUMBER: P11000063048
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:
PETER BOND
Name of Contact Person
BOND CONSULTING GROUP 2, INC Firm/Company 1840 SE 4th AUE Address FT LANDERDALE FL 33316 City/State and Zip Code
Phond 23915 @ AoL. @M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: PETER BOND 31 (336) 545-7691
PETER BOND at (336) 545-7691 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: BOND CONSULTING GROWP Z, IN C.
2. The principal office address: 1840 SE 4th AVE FT LANDERDALE FL 33316
3. The mailing address (if different):
4. Date of incorporation/qualification: 07 11 2011 Document number: P11000063048
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)
PETER D. BOND
4129 MARLOW LOOP
LAND O'LAVES, FL 34639 70 Egg
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1840 SE HIL ANE
FT LANDERDALE "S" S"
P.O. Box NOT acceptable
FL 33316
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 PETER BOND CHAIRMAN 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.
1/1/1 0 mil 01/30/2012
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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