P12000094184

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STAFF

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COVER LETTER

Α,

TO: Amendment Section

Division of Corporations

SUBJECT: Interalia Consultants, Inc.

Name of Corporation

DOCUMENT NUMBER, P12000096184

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:

Adrian Balint

Name of Contact Person

Interalia Consultants, Inc.

Firm/Company

6251 Palm Trace Landings Dr., Apt. 309

Address

Davie, FL 33314

City/State and Zip Code

interaliaconsultants@gmail.com

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

For further information concerning this matter, please call:

Adrian Balint

.,754

444-8548

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	this ———	_
1. The name of	the corporation: Interalia Consultants, Inc.		
2. The principal	office address: 6251 Palm Trace Landings Dr., Apt. 309		
	Davie, FL 33314		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/19/2012 Document number: P120000961	84	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Nadia Balint		
	6251 Palm Trace Landings Dr., Apt. 309		
	Davie, FL 33314		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	81 AON 64	0151740 1038
	Adrian Balint		発送され
	6251 Palm Trace Landings Dr., Apt. 309		4860 487 197
	P O. Box NOT acceptable Davie, FL 33314	521 HJ	STX CRAI
_	ess of its registered office and the street address of the business office of its register be identical.		ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board or the corporation has been notified in writing of the change.)	
Signatu	Adrian Balint, President Printed or typed name and title		_
I hereby accept	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registis decument is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	tered s, I	
Sig	November 13, 2013 Date		_
-	half of an entity:		
<u></u>	yped or Printed Name		