P13000088089

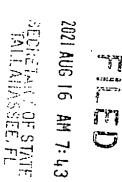
(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

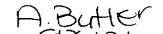
Office Use Only



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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: UStatus Consulting & Tax Onc.
DOCUMENT NUMBER: P13000088089
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:
Libsette Anderson Name of Contact Person UStatus Consulting & Tax Firm/Company PD. BOX 470871 Address Coral Springs, PL 33067 City/State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lissette Anderson at (954) 900 - 4655 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, age is submitted for a corporation organized under the laws of the State of Florida. to change its registered office or registered agent, or both, in the State of Florida.	
<u> </u>	ne corporation: MStatus Consulting & Tax, Inc.	
	office address: 2787 E. Oakland Park Blva Ste 201	
	Ft. Lyuderdale, FL 33306	
3. The mailing add	Idress (if different): PO, Box 470871	
Date of incorpo	oration/qualification: 10 25 2013 Document number: 4,3000088	089
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
	Resigned	
	:A 2	
_	TATE OF TATE	ostat
_	<u> </u>	i i
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered offices	
	Lissette Anderson Fish	
	2787 E. Oakland Park Blvd Ste 20 FA &	
_	Ft. Lauderdale, FL 33306	
The street address as changed will b	ss of its registered office and the street address of the business office of its registe be identical.	red agent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer se board, or the corporation has been notified in writing of the change.	5 0
Signature	Andrew Lissette Anderson Printed on typed name and title	
I hereby accept the I further agree to of my duties, and document is being corporation has be	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 pe I I am familiar with and accept the obligation of my position as registered agent, agent, agent, been notified in writing of this change.	orformance Or, if this on that the
Siste (Md187 8 8 8 2 1 Date	
If signing on beha	nalf of an entity:	
Lissette A	bderson ped 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 * * *