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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CSB Consulting Fr. Name of Corporation
DOCUMENT NUMBER: P14 00000 2804
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:
Jul Lansing Name of Contact Person
CSB Consulting Inc.
1060 Granada Auer Address
Merritt Island, FL 32752 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tue Lorsing at (321) 307-24(2) 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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address: Amendment Section

TO:

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

statement of change is su	s of sections 607.0302, 617. bmitted for a corporation or	ganized under the law.	s of the State of _	florida
in order to chan	ge its registered office or reg	gistered agent, or both	, in the State of Flo	orida.
1. The name of the corpor	ration: CSB Co	Musting Da	<u> </u>	
2. The principal office ad	1.	rada Ave		
· · · · · · · · · · · · · · · · · · ·	Merritt I	-Sland, FI 3	2952	
3. The mailing address (if	different):	<u> </u>		
4. Date of incorporation/o	qualification: 01/10/At	Document n	umber: <u>P140</u>	0000180H
5. The name and street ad Florida Department of	ldress of the current registere State: (If resigned, enter resi	ed agent and registered igned)	office on file with	the
	Carl Backe	<u>.</u> C		
	5911 nw	53 Street		
	Coral Sprin	95, FL 330x	6]	
	dress of the new registered a	 agent (if changed) and	/or registered office	
(if changed):	Tre. Los		**************************************	A The state of the
	1000 GG	31/2g		ט ס
	P.O. Box	NOT acceptable		T O
	MerrittI	Slove, Fr. 3	2952	™
The street address of its as changed will be identi	registered office and the strical.	eet address of the business	iness office of its	registered agent,
Such change was authorized by the board,	zed by resolution duly ador or the corporation has been	pted by its board of di notified in writing of	rectors or by an of the change.	fficer so
Signature of an office	er or director	Corl	or typed name and title	DPS
I hereby accept the appo I further agree to comply performance of my dutie agent. Or, if this docum hereby confirm that the c	intment as registered agent with the provisions of all s s, and I am familiar with an ent is being filed merely to corporation has been notific	t and agree to act in the statutes relative to the nd accept the obligation reflect a change in the ed in writing of this ch	nis capacity. proper and comp on of my position of registered office lange.	lete as registered address, l
Signature of Re.		4)	30/18	<u> </u>
If signing on behalf of ar			F	
Tue	~~			
Typed or Print	ed 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
CR2E045 (03/12)