

PH4000008207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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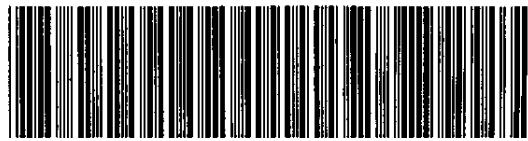
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAMPA E & M CONSULTING INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000008207

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:

**DONNA SMITH**

Name of Contact Person

**TAMPA E & M CONSULTING INC**

Firm/Company

**231 DOUGLAS RD E STE 10**

Address

**OLDSMAR FL 34677**

City/State and Zip Code

**donna@thinkitconsulting.us**

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

For further information concerning this matter, please call:

**DONNA SMITH**

Name of Contact Person

at 813 654-5176

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: TAMPA E & M CONSULTING INC

2. The principal office address: 231 DOUGLAS RD E STE 10  
OLDSMAR FL 34677

3. The mailing address (if different): **SAME**

4. Date of incorporation/qualification: 01/27/2014 Document number: P14000008207

5. 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)

DONNA L SMITH

1005 W BUSCH BLVD STE 290

TAMPA FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DONNA L SMITH

231 DOUGLAS RD E STE 10

P.O. Box NOT acceptable

OLDSMAR FL 34677

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.

Eric Hernandez  
Signature of an officer or director

Signature of an officer or director

ERIC HERNANDEZ, PRES  
Printed or typed name and title

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.

Donna L Smith  
Signature of Registered Agent

Signature of Registered Agent

JULY 15, 2014

Date

If signing on behalf of an entity:

Typed or Printed 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