P14000043057

(Requestor's Name)			
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(Address)			
(Address)			
(Audiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE.

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: A& H Consultants Inc.

Name of Corporation

DOCUMENT NUMBER: P14000043057

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:

Linda M Martinez

Name of Contact Person

A&H ConsutItants Inc

Firm/Company

3901 N.W 79th Ave Suite 120

Address

Doral, FI 33166

City/State and Zip Code

aoporta@gmail.com

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

For further information concerning this matter, please call:

Alejandro Oporta

,305 915-6951

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, 617.6 statement of change is submitted for a corporation org in order to change its registered office or reg	ganized under the laws of the State of	Florida
1. The name of the corporation: A& H Consulta	ints, INC-	
2. The principal office address: 3901 N.W 79th Doral El 33166	Ave Suite 120	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/14/2014	Document number: P140	00043057
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		vith the
Alejandro Oporta		_
7771 N.W 7th Street #	715	78 201 38 201
Miami FI 33126	3.4	PIL 2011 APR 17 SECRETAR
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered o	THE TOTAL
Linda M Martinez		MIG: 88
3901 N.W 79th Ave Suite		
Doral, Fl 33166	NOT acceptable	_
The street address of its registered office and the streas changed will be identical.	eet address of the business office of i	its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been	oted by its board of directors or by an inotified in writing of the change.	officer so
	Alejandro Oporta	1015
Signature of an officer of director I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this dogsment is being filed merely to hereby confirm that the corporation has been notific	t and agree to act in this capacity. statutes relative to the proper and co- ad accept the obligation of my position reflect a change in the revistered offi	mplete m as revistered
Anull	3/31/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Linda M. Martinez		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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