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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: RKA CONSULTING CORPORA			
	Name of Corporation		
DOCUMENT NUMBER: P170000	075567		

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:

## REGINALDO AZEVEDO FILHO Name of Contact Person RKA CONSULTING CORPORATION Firm/Company 3833 NW 42ND WAY Address COCONUT CREEK, FL 33073 City/State and Zip Code reggie.filho@gmail.com

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

For further information concerning this matter, please call:

REGINALDO AZEVEDO FILHO at 954 822-2734

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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.		
1. The name of the corporation: RKA CONSULTING CORPORATION 2. The principal office address: 3833 NW 42ND WAY COCONUT CREEK, FL 33073				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/18/20	D17	5567	
	I street address of the current regist tment of State: (If resigned, enter reached) TAX HOUSE CORPPORATION 1100 SOUTH FEDERAL HWY DEERFIELD BEACH, FL 33441	tered agent and registered office on file with the resigned)		
6. The name and (if changed):			2019 15 Fi	
	3833 NW 42ND WAY	ox NOT acceptable	Fil 2: 59	
Such change wa	is authorized by resolution duly ac	street address of the business office of its regist dopted by its board of directors or by an officer sen notified in writing of the change.		
I hereby accept I further agree of performance of agent. Or, if the	to comply with the provisions of a my duties, and I am familiar with	REGINALDO AZEVEDO FILHO - PRES  Printed or typed name and title  ent and agree to act in this capacity.  Il stantes relative to the proper and complete and accept the obligation of my position as reg  to reflect a change in the registered office addre  ified in writing of this change.	nistered	
Sign	half of an entity:	Cle / / 20.19  Date		
T	rped 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 \* \* \*