

8/2/24, 12:45 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MERIAM CORPORATE SERVICES, INC.
Account Number : I20230000158
Phone : (720)318-8456
Fax Number : (480)771-3338

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
REBIRTH CONSULTING GROUP, INC**

Certificate of Status	0
Certified Copy	0
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721000-01170

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REBIRTH CONSULTING GROUP, INC
Name of Corporation

DOCUMENT NUMBER: P24000046705

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:

Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip Code

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

Name of Contact Person

at (720) 318.8456

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

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: REBIRTH CONSULTING GROUP, INC
2. The principal office address: 14361 COMMERCE WAY STE 304 MIAMI LAKES, FL 33016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/12/2024 Document number: P24000046705
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)

ANDREW MITCHELL

14361 COMMERCE WAY STE 304

MIAMI LAKES, FL 33016

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

ANDREW MITCHELL

14361 COMMERCE WAY STE 304

P.O. Box NOT acceptable

MIAMI LAKES, FL 33016

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.


Signature of an officer or director

ANDREW MITCHELL, PRESIDENT

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.


Signature of Registered Agent

07.30.24

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

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