0008420 Requester's Name EDWARD C. GELBER, M.D. JANIS DZELZKALNS, M.D. 619 N.W. 12th Ave. Miami, Florida 33136 Phone # Cit Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Photocopy Will wait Mail out **AMENDMENTS** NEW FILINGS ☐ Amendment ☐ Profit ☐ Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication Merger ☐ Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark V.SHEPARD FEB 1 5 2000 Other

Examiner's Initials

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

undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation: $5/2/67$ CONSULTING GROUP, INC
2. The mailing address of the corporation: 3850 SW 87 AVE #307 MIAMI, FL 33165
3. Date of incorporation/qualification: 10/9/96 Document number: 29600084205
4. The name and address of the current registered agent and registered office:
5. The name and address of the new registered agent (if changed) and /or registered office (if changed). MANIFE 33136
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chairman or vice chairman of the board) (Date)
E. GELBER PRES.
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Horica (Signature of Registered Agent) 2/1/00 (Signature of Registered Agent)
f signing on behalf of an entity:
MONICA ORENSTEIN ADMINISTRATOR (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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