

Electronic Filing Cover Sheet

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OBMAY - I AM 8: 00
SECRETARY OF STATE
ALLAHASSEE, FINDRIDARELAHASSEE, FINDRIDARELAHA

Division of Corporations

Fax Number : (850) 617-6380

Account Name : BUSH ROSS, P.A. Account Number : I19990000150

Phone : (813)224-9255 Fax Number : (813)223-9620 Celeste Perrino (999999,99999)

REGISTERED AGENT CHANGE

TJK CONSULTANTS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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5/1/2008

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COVER LETTER

| To: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: | TJK Consultants, Inc. |
| | (Name of Corporation) |
| DOCUMENT NUMBER: | P97000099429 |
| | of Registered Office/Agent and fee are submitted for filing, neerning this matter to the following: |
| | Celeste Perrino |
| | (Name of Contact Person) |
| | Bush Ross, P.A. |
| | (Firm/Company) |
| | 1801 North Highland Avenue |
| | (Address) |
| | Tamas Bladda 22400 |
| | Tampa, Florida 33602 (City/State and Zip Code) |
| | |
| For further information concerning | this matter, please call: |
| Celeste Perrino | at (813) 204-6425 |
| (Name of Contact Person) | (Area Code& Daytime Telephone Number) |
| Enclosed is a \$35.00 check made pa | ayable to the Department of State. |
| Mailing Add | Iress: Street Address: |
| Amendment | Section Amendment Section |
| | Corporations Division of Corporations |
| P.O. Box 633 | 27 2661 Executive Center Circle |

Tallahassee, FL 32314

CR2E045 (8/05)

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Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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: | IK Consultants, Inc. |
|----------|--|--|
| 2. | The principal office address: | 77 S. Harbour Island Blvd., Ste. 890, Tampa, FL 33602 |
| 3. | The mailing address (if different):7 | 77 S. Harbour Island Blvd., Ste. 890, Tampa, FL 33602 |
| 4. | Date of incorporation/qualification:1 | 1/19/1997 Document number: P97000099429 |
| 5. | The name and street address of the currer Florida Department of State: | nt registered agent and registered office on file with the |
| | Edward O. Savitz | S DIVE |
| | 1801 N. Highland | Avenue & G |
| | Tampa, FL 3360 | 2 = 5 |
| 6. | The name and street address of the new (if changed): | registered agent (if changed) and /or registered office tered Agent Services, LLC land Avenue 3602 |
| | Bush Ross Regis | tered Agent Services, LLC |
| | 1801 North High | land Avenue |
| | Tampa, Florida 3 | 3602 |
| | he street address of its registered office and changed will be identical. | d the street address of the business office of its registered agent, |
| Su by | uch change was authorized by resolution of the board, or the comporation has been no (Signature of an officer or director) | THOMAS JOHN OKELLY Pres |
| I f | further agree to comply with the provisio f my duties, and I am familiar with and a | ed agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performance coept the obligation of my position as registered agent. Of, if this change in the registered office address, I hereby confirm that the this change. |
| _ | (Signature of Registered Agent) | (Date) |
| If | signing on behalf of an entity: (Typed or Printed Name) | La Resident |
| | , | FILING FEE: \$35.00 * * * |
| | Make checks pa | YABLE TO FLORIDA DEPARTMENT OF STATE PORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314 |

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CR2E045 (8/05)