Therrien Consurations Requestor's Name 1071 GalGand 1 Address  Del tona, FL 3  City/State/Zip	Avenue 2725 Phone #	70000 -12 ** Office Use Or	026998479 /02/9801028002 ***35.00 *****35.00
1. (Corporation Name)			
2. (Corporation Name)		t #1	
(Corporation Name)  4. (Corporation Name)	(Documen	t #)	
☐ Walk in ☐ Pick up ti ☐ Mail out ☐ Will wait	me	Certified Copy  Certificate of Statu	 1 <b>S</b>
Profit Amer NonProfit Resig Limited Liability Change	endment  Indicate the state of		FILED 98 DEC -2 M TO 30 SECRETARY OF STATE TALLARIASSEE, FLORIDA
Annual Report Fictitious Name Name Reservation Reins	EGISTRATION/ UALIFICATION gn ed Partnership statement emark		. <u></u>
Other	г		EC 9 1998

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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	
undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered offic	
State of Florida	
1. The name of the corporation is: Therrien Consulti	ing Resources, INC.
2. The mailing address of the corporation is: 1071 Gal Gan C	AVE.
	LA 32725
3. Date of incorporation/qualification: $\frac{4/22/98}{}$ Docu	ment number: <u>P9800003648</u>
4. The name and address of the current registered agent and office:	-
Pomela K. Therrier	TAL SEC
1071 GALGANO AVE.	
5. The name and address of the new registered agent and office: (P. O.	\$\frac{1}{2} \frac{1}{2} \frac\frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac
5. The name and address of the new registered agent and office: (P. O.	Box Not Acceptable) 四岛 宝
MARK S. Therrien	
1071 GALGANO AVE.	
DelTona, Florida 32723	
The street address of its registered office and the street address of tagent, as changed, will be identical.	he business office of its registered
Such change was authorized by resolution duly adopted by its boar authorized by the board.	d of directors or by an officer so
Med S. Thamin	12/1/98
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Mark S. Thereich Chairman/President (Printed or typed name and title)	12/1/98 (Date)
Having been named as registered agent and to accept service of p corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relativ performance of my duties, and I am familiar with and accept the c registered agent.	rocess for the above stated
Auf S. Then	12/1/98
A Signature of Registered Agent)  If signing on behalf of an entity:	(Date) / -
(Tymod or Drintod Name)	(Conceity)
(Typed or Printed Name)  CR2E045(4/95)	(Capacity)  FILING FEE: \$35.00
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