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R. M. Mange

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUR IFCT- Michael A. Liss Consulti	ng Group, Inc.
SUBJECT: Michael A. Liss Consulti	(Name of corporation)
DOCUMENT NUMBER: P990000	37474
 	Registered Office/Agent and fee are submitted for filing.
·	
Please return all correspondence conc	erning this matter to the following:
William Kalish, Es	a.
	(Name of person)
Akerman Senterfitt	
	(Name of firm/company)
100 S. Ashley Drive, Suite 1500	
	(Address)
T	
Tampa, FL 33602	(City/state and zip code)
For further information concerning th	
ror turiner information concerning th	is matter, prease can.
Million Volish Ess	
William Kalish, Esq. (Name of person	at (813) 223-7333 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made pay	able to the Department of State.
N. (1992) A. J. J	Character Address
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee FI 32314	Tallahassee, FL 32399

CR2E045(09/03)

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

•	provisions of sections 607.0502, 617.0502, 607.1508, o tted for a corporation organized under the laws of the S		is statement of in order
	ristered office or registered agent, or both, in the State of		
I. The name of t	he corporation: Michael A. Liss Consulting Group, Inc.	o	
	office address: 9104 Canberley Drive, Tampa, FL 33		
z. The principal	office address.	 	
3. The mailing a	ddress (if different):		
	0.40044000	D0000007474	
4. Date of incorp	poration/qualification: 04/26/1999 Docume	nt number: P99000037474	
	I street address of the current registered agent and regist tment of State:	ered office on file with the	
	William Kalish		
•	101 E. Kennedy Blvd., Suite 1400		04 J
	Tampa, FL 33602		
6. The name and (if changed):	street address of the new registered agent (if changed)	and /or registered office	SECRETISSIES TO STA
	William Kalish, Esq.		· 17
	100 S. Ashley Drive, Suite 1500		P. P.
	(P.O. Box or personal mailbox NOT accept	able)	
	Tampa, FL 33602		. e.
The street addre	ess of its registered office and the street address of the identical.	business office of its registere	ed agent, as
Such change wa	es authorized by resolution duly adopted by its board ecorporation has been notified in writing of the change	of directors or by an officer so ge.	authorized by
	Mic	chael A. Liss, Director	
	ignature of an officer or director)	(Printed or typed name and title	:}
I further agree i duties, and I an being filed mere	the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to familiar with and accept the obligation of my positicely to reflect a change in the registered office address writing of this change.	in this capacity, o the proper and complete perf on as registered agent. Or, if to, I hereby confirm that the corp	formance of my his document is poration has
/	WULL	1/21/04	
	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *