UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528

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CORPORATION NAME	Consulting	els) (if known): Charge	
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Walk In	Pick Up Time	Certified Copy SEE P	
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		ALL CHARTER DOCS	
Profit NonProfit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal	Certificate of FICTITIOUS NAME	
Other	Merger	FICTITIOUS NAME SEARCH	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/QUALIFICATIO Foreign Limited Partnership Reinstatement Trademark Other	CORP SEARCH &	
Ordered By:		and the second of the second o	
Date:	· · · · · · · · · · · · · · · · · · ·		

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607 undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered State of Florida.	
. 1. The name of the corporation is: NPS CONSULTING, INC	#
2. The mailing address of the corporation is: 6439 NW 69th	Way, Parkland, FL 33067
3. Date of incorporation/qualification: 7/28/99	Document number: P99000067263
4. The name and address of the current registered agent and offic	e:
UCC Filing & Search Services, Inc.	7 SE 99
526 E. Park Avenue	CRI AS T
Tallahassee, FL 32301	ASSISTA
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
NEIL STUDY	
6439 NW 69th Way	DA Q
Parkland, FL 33067	
The street address of its registered office and the street address agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directors or by an officer so
neil Study Pars.	<u> </u>
(Signature of an officer, charman or vice chairman of the board)	(Date)
NEIL STUDY, President	
(Printed or typed name and title)	 -
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	of process for the above stated and agree to act in this capacity. The proper and complete are obligation of my position as
mil Stude	9 /1 0 /00
(Signature of Registered Agent)	(Date) _
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 *	- * *
CR2E045(7/97)	·

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS