307305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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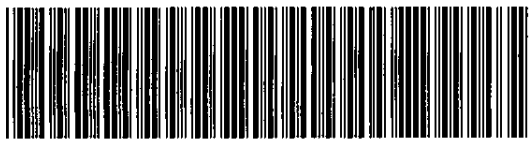

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11/16/10--01014--020 **35.00

10 NOV 30 PM 1:45

SECRETARY OF STATE

Roberts NOV 30 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

ELLIE LEWITT
TEM SYSTEMS, INC.
4747 N. NOBHILL RD STE 5
SUNRISE, FL 33351

SUBJECT: TEM SYSTEMS, INC.
Ref. Number: 307305

We have received your document for TEM SYSTEMS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 810A00027123

11/24/10

I've enclosed an amended document with the correct signatures. Please note the only change we are making is our street address.

Thank you,
Ellie Lewitt

RECEIVED
10 NOV 30 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEM Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: 307305

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellie Lewitt
Name of Contact Person

TEM Systems, Inc.
Firm/Company

4747 N. Nob Hill Rd., Ste. 5
Address

Sunrise, FL 33351
City/State and Zip Code

rmcintosh@temsystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellie Lewitt at (954) 5776044 x 1945
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TEM Systems, Inc.
2. The principal office address: 4747 N. Nob Hill Rd., Ste. 5
   Sunrise, FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/18/1966 Document number: 307305
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Renee McIntosh
   4880 N. Hiatus Rd, Ste. 120.
   Sunrise, FL 33351

10 NOV 30 PM 1:45

6. The name and street address of the new registered agent (if changed) and /or new registered office (if changed):
   4747 N. Nob Hill Rd., Ste5
   Sunrise, FL 33351
   P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

M Renee McIntosh — Signature of an officer or director

M Renee McIntosh — Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

M Renee McIntosh — Signature of Registered Agent

11/24/10 — Date

If signing on behalf of an entity:

M Renee McIntosh
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)