Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.

Account Number : I19980000054 Phone : (850)681-6528 Fax Number : (850)681-6011

REGISTERED AGENT CHANGE

A.SUR NET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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7 MAR 16 AM 8: 0

Electronic Filing Menu

Corporate Filing Menu

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DIVISION OF CORPORATIONS

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 Delawaye in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A.SUR NET, INC.
2. The principal office address: 15950 West Dixie Highway, North Miami Beach, FL 33162
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/07/2000 Document number: F00000006243
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T CORPORTION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVDSUITE 508
(P.O. Box NOT acceptable) MIAMI, FLORIDA 33158
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 unborized by the board, of the corporation has been notified in writing of the change.
Paul Scott, President and Coo
here of accept the appointment as registered agent and agree to got in this capacity. Thereby accept the appointment as registered agent with the properties of the proper and complete performance in 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 comment 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.
Milest A Roma Dies 3/16/12067 (Signature of Registered Age)1)
f signing on behalf of an entity:
(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)