Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

· From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE ADVANTAGE DATASYSTEMS CORPORATION

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

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

H. Sta	ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Su atement of change is submitted for a corporation organized under the laws of the State of Wi in order to change its registered office or registered agent, or both, in the State of Flo	shington		
,	The name of the corporation: ADVANTAGE DATASYSTEMS CORPORATION	riaa.		
	The principal office address: #200-8081 LOUGHEED HIGHWAY BURNABY, BC V5A IW9 CANADA			
3.	The mailing address (if different):			
4.	Date of incorporation/qualification: 1/15/2003 Document number: F	03000000205		
5.	The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the		
	CORPORATION SERVICE COMPANY	* -		
	1201 HAYS STREET			
	TALLAHASSEE/FL/32301-2525	1		
	The name and street address of the new registered agent (if changed) and /or registered office (if changed):	a Var		
	C T Corporation System	W S		
	c/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Box NOT acceptable	,42		
	Plantation, Florida 33324			
Th as	ne street address of its registered office and the street address of the business office of its changed will be identical.	registered agent,		
Su	ich change was authorized by resolution duly adopted by its board of directors or by an o thorized by the board, or the corporation has been notified in writing of the change.	fficer so		
_(	Cameron Cullen, Secret	•		
I h I fit of do: coi	Signalure of an officer or director  Printed of typed mains and sille greeby accept the appointment as registered agent and agree to act in this capacity, wither agree to comply with the provisions of all statutes relative to the proper and comp my duties, and I am familiar with and accept the obligation of my position as registered cument is being filed merely to reflect a change in the registered office address, I hereby reporation has been notified in writing of this change.			
Ву	C T Corporation System	A10		
	Signature of Registered Agent Date	<u>v. u</u>		
If:	signing on behalf of an entity:			
	Dorie Kluess, Agst Secretary			
	Typed or Printed Name			
	* * * PH INC PRF • \$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)