

PO1000063814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

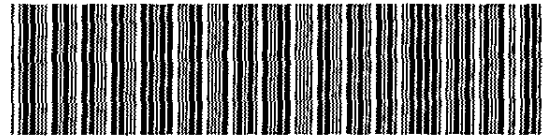
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04 MAY -3 PM 4: 30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NETCOM IT CONSULTING  
(Name of corporation)

DOCUMENT NUMBER: PO1000063814

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:

JAMES MASCARD  
(Name of person)

NETCOM IT CONSULTING  
(Name of firm/company)

20771 SONRISA WAY  
(Address)

BOCARATON, FL 33433  
(City/state and zip code)

For further information concerning this matter, please call:

JAMES MASCARD at ( 954 ) 817-3242  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NETCOM IT CONSULTING
- 2. The principal office address: 20771 SONRISA WAY  
BOCA RATON, FL 33433
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 6/25/2001 Document number: PO1000063814
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES MASCARO  
6928 VILLAS DRIVE WEST  
BOCA RATON, FL 33433

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES MASCARO  
20771 SONRISA WAY  
(P.O. Box or personal mailbox NOT acceptable)  
BOCA RATON, FL 33433

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TALLAHASSEE, FLORIDA

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.

[Signature]  
(Signature of an officer or director)

JAMES MASCARO CEO  
(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.*

[Signature]  
(Signature of Registered Agent)

4/28/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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