P03000119048

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer.					

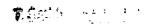
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05 JUL 25 PH 2: 24 SECRETARY OF STATE ALLAHASSEE FI ORIDA



COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	JECT: Phillips Systems Corp. (Name of corp.)	rporation)			
DOC	CUMENT NUMBER: P03000119048				
The en	enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter	to the following:			
	Harvey M. Alper, Esquire (Name of cont	tact person)			
Law Offices of Harvey M. Alper (Firm/Company)					
	Post Office Box 162769 (Addre	ess)			
Altamonte Springs, Florida 32716-2769 (City/state and zip code)					
For fu	further information concerning this matter, please ca	all:			
Harve	ey M. Alper, Esquire (Name of contact person)	_at (407) 869-0900 (Area code & daytime telephone number)			
Enclo	osed is a \$35.00 check made payable to the Departr	ment 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			

CR2E045(6/04)

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Siganized under the laws of the State of \underline{F} gistered agent, or both, in the State of Fl	lorida			
1. The name of	the corporation: Phillips Systems Cor	p.				
2. The principal	2. The principal office address: 5153 Ardmore Drive					
	Winter Park, Florida	32792				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: October 23, 20	Document number: P030001	19048			
	d street address of the current registerer rtment of State:	ed agent and registered office on file with	h the			
	Mark A. Phillips		_			
	2223 Wembley Place		-			
	Oviedo, Florida 32765		-			
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered offi	05 TAL			
	Bryan J. Bailiff		<u> </u>			
	5153 Ardmore Drive		FIL JUL 2 RETAF			
	(P.O. Box NOT accep	table)	LE 25 SSEE			
	Winter Park, Florida 32792		FES BE			
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 want for its or authorized by	as authorized by resolution duly ado he board, of the corporation has been	opted by its board of directors or by an notified in writing of the change.	officer so			
(Signal	nure of an othicer or director)	Michael I. Sigesmund, Sec. (Printed or typed name and t	litle)			
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	st and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb nge.	nplete performance d agent. Or, if this by confirm that the			
13.3		7/20/05				
	gnature of Registered Agent)	(Date)				
If signing on b	ehalf of an entity: an J- Builiff					
	Typed or Printed Name)					

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