

P05000153367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

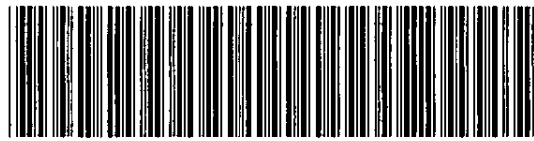
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RACHY
12-3-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Communication Solutions, Inc
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

David C. Shea
(Name of Contact Person)

Total Communication Solutions, Inc
(Firm/Company)

4001 NW 97th Avenue, Suite 301-D
(Address)

Miami, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID C. Shea at (786) 539-8557
(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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Total Communication Solutions, Inc
- 2. The principal office address: 4001 SW 97th Avenue, Suite 301-D, Miami, FL 33178
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/17/2005 Document number: PO5000153367
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rafael J Henrique
133 SW 113 Avenue, #102
Miami, FL 33174

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

DAVID C. Shea
3040 N.E. 190th Street #203
(P.O. Box NOT acceptable)
Aventura, Florida 33180

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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.

David C Shea
(Signature of an officer or director)

David Shea - President
(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.

David C Shea
(Signature of Registered Agent)

11-26-2007
(Date)

If signing on behalf of an entity:

DAVID C. Shea
(Typed or Printed Name)

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