P97000022946

(Requestor's Name)					
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(City	//State/Zip/Phone	» #)			
PICK-UP	☐ WAIT	MAIL			
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RO Ch9 6/17/04

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: MISSION CRITICAL SYSTEMS INC.
	(Name of corporation)
DOCU	UMENT NUMBER: P97000022946
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Susan J. Crabtree (Name of person)
	(Name of person)
	MISSION CRITICAL SYSTEMS INC.
	(Name of firm/company)
_	1347 East Sample Road, Suite 3
_	(Address)
	Pompano Beach, Florida 33064-6278
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Susa	n J. Crabtree at (954) 788.7110
	n J. Crabtree at (954) 788.7110 (Name of person) (Area code & daytime telephone number)
Enclo	red is a \$35,00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Amendment Section
	Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street
	Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

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

-	-	tions 607.0502, 617.0502,	•	=	s statement of
change is submit	tted for a corpor	ation organized under the l	aws of the State ofFl	lorida	in order
to change its reg	istered office or	registered agent, or both, i	n the State of Florida.		. 0
					EX. F
1. The name of t	he corporation:_	MISSION CRITICAL SY	STEMS INC.		
2. The principal	office address:_	1347 East Sample Road,	Suite 3		
		Pompano Beach, F	lorida 33064-6278	<u> </u>	
3. The mailing a	ddress (if differe	ent):		· · · · · · · · · · · · · · · · · · ·	
v	•				32
4. Date of incorp	oration/qualifica	ation: 03/13/1997	Document number:	P97000022946	
5. The name and		f the current registered ager			g &
	Susan J. Crabt	tree			
	2036 NE 29th	CT	· · · · · · · · · · · · · · · · · · ·	77	-
	2030 NE 29th	<u> </u>		 	•
	Ft. Lauderdale	, FL		<u> </u>	
6. The name and (if changed):	street address o	f the new registered agent (if changed) and /or regi	stered office	
	Susan J. Crabt	ree			,
	1347 East Sam	iple Road, Suite 3		•	
		(P.O. Box or personal mail	box NOT acceptable)	 	
	Pompano Beac	ch, FL 33064-6278			
The street addre	ess of its register identical.	red office and the street ad	dress of the business o	ffice of its registered	d agent, as
Such change wa	is authorized by corporation ha	resolution duly adopted be some notified in writing	y its board of directors of the change.	s or by an officer so	authorized by
	The		Susan J. Crab	tree	
	ignature of an officer	•		ted or typed name and title	
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointmen to comply with to familiar with a tly to reflect a co writing of this o	t as registered agent and a he provisions of all statute nd accept the obligation of hange of the registered off change	agree to act in this cap is relative to the prope If my position as regist ice address, I hereby c	acity. r and complete perf ered agent. Or, if th confirm that the corp	ormance of my nis document is poration has
			05/27/2004		
	(Signature of Register	red Agent)		(Date)	
If signing on be	half of an entity	:			
	(Typed or Printed N	lame)		(Capacity)	

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