P06000064142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** SOLE COMPUTER SERVICE CORP
(Name of Corporation)

**DOCUMENT NUMBER:** P04000064142

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:

EMILIO SOLE
(Name of Contact Person)

SOLE COMPUTER SERVICE CORP
(Firm/Company)

69 WHITEHEAD CIRCLE
(Address)

WESTON, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

EMILIO SOLE at (619) 415 3054
(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: SOLE COMPUTER SERVICE CORP

2. The principal office address: 69 WHITEHEAD CIRCLE, WESTON FLORIDA 33326

3. The mailing address (if different): SAME →

4. Date of incorporation/qualification: 04/19/04 Document number: P04000064142

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NAME: RAMOS, ASDRUBAL R SR

ADDRESS: 1000 PONCE DE LEON BLVD. 301
CORAL GABLES, FL 33134

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

NAME: EMILIO SOLE

ADDRESS: SAME AS ABOVE *
(P.O. Box NOT acceptable)

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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.

(Signature of an officer or director)

EMILIO SOLE
(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 of Registered Agent)

05/25/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** * * FILING FEE: $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)