P030005372

| (Requestor's Name) | | | | |
|---|-------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | NAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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Office Use Only

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TRANSMITTAL LETTER

*

| TO: Amendment Section Division of Corporations | | | |
|--|---|--------------------------------|--------------------|
| SUBJECT: netSentric, Inc. | | 1- 44 | |
| | (Name of corporation) | | |
| DOCUMENT NUMBER: P030000 | 65372 | ·* | |
| The enclosed Statement of Change of | Registered Office/Agent and | fee are submitted for filin | ıg. |
| Please return all correspondence conc | erning this matter to the follow | wing: | |
| Scot Andre | | | |
| (Name of person | 3) | ALL | F 03 SEP |
| netSentric, Inc. | | ATIA | FILED PLED |
| (Name of firm/comp | pany) | ž ŗ | 第 3 ED |
| 15160 River Bend Blvd., #404 | | | # 2: 5; # 2: 5; |
| (Address) | , | | 智兰 55 |
| North Fort Myers, FL 33917 | | S ₄ | 7 |
| (City/state and zip c | ode) | | |
| For further information concerning th | is matter, please call: | | |
| Scot Andre | at (239)567 | -1686 ime telephone number) | |
| (Name of person) | (Area code & dayti | ime telephone number) | |
| Enclosed is a \$35.00 check made pay | able to the Department of Stat | e. | |
| Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | | |

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

| Pursuant to the | he provisions of sections 60 |)7.0502, 6 17 .0502, 607.1 | 508. or 617.1508. Florida | Statutes. | |
|---|--|---|--|----------------|--|
| | of change is submitted for a | | | | |
| Florida | in order to change | its registered office or re | egistered agent, or both, in i | the State | |
| of Florida. | | | | | |
| | of the corporation: | | | | |
| 2. The princip | al office address: 15160 Riv | er Bend Blvd., #404, North | Fort Myers, Florida 33917 | | |
| | | / Bank | · | | |
| 3. The mailing | g address (if different): | - | | | |
| _ | , | | *** | | |
| 4. Date of inco | orporation/qualification: | | ument number: P03000065 | 372 | |
| | nd street address of the curre partment of State: | ent registered agent and re | egistered office on file with t | he | |
| | Scot Andre | | | | |
| | 411 Walnut Street, Suite 2 | 313 | | | |
| | Green Cove Springs, FL 3 | 32043 | | | |
| | and street address of the ne | w registered agent (if ch | nanged) and /or registered of | office (if | |
| changed): | Scot Andre | | | | |
| | 15160 River Bend Blvd., #4 | , s <u>======</u> | - . | | |
| | (P.O. Box of personal mailbox NOT acceptable) | | | | |
| | North Fort Myers, FL 33917 | 7 | | | |
| The street add agent, as chan | ress of its registered office a ged will be identical. | and the street address of | the business office of its reg | istered | |
| Such change v authorized by | vas authorized by resolution the board, or the corporation | duly adopted by its boar has been notified in wr | rd of directors or by an officiting of the change. | er so | |
| 1 | Jel. | Scot Andre, Pr | resident | _ | |
| · 7 | er, chairman or vice chairman of the boar | , | d or typed name and title) | _ | |
| l nereby accep I further agree performance o registered age office address, | ot the appointment as registe e to comply with the provision of my duties, and I am famili ont. Or, if this document is b I hereby confirm that the co | red agent and agree to unit of all statutes relative in and accept the opening filed merely to reflue orporation has been not | act in this capacity, e to the proper and complet bligation of my position as ect a change in the registere ifled in writing of this chang | e ed re. | |
| | 12C. | | er 4, 2003 | , | |
| | (Signature of Registered Agent) | | (Date) | _ _ 83 | |
| If signing on beh | alf of an entity: | | | SEP | |
| | Charles 131 | | | | |
| | (Typed or Printed Name) | LING FEE: \$35.00 * * | (Capacity) | 祭 (c) P | |
| | | | ₩ | | |

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314