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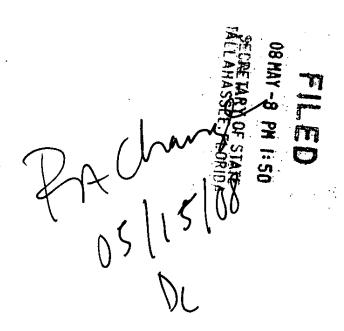
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COVER LETTER

Division of Corporations SUBJECT: Computer Systems and Services, Inc. (Name of Corporation) DOCUMENT NUMBER: 627937 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: Celeste Perrino (Name of Contact Person) Bush Ross, P.A. (Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call: Celeste Perrinoat (813204-6425(Name of Contact Person)(Area Code& Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

To:

Amendment Section

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, 617.1508, 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:	Computer Systems and Services, Inc.
2. The principal office address:	12411 Telecom Drive, Tampa, FL 33637
3. The mailing address (if different): _	12411 Telecom Drive, Tampa, FL 33637
4. Date of incorporation/qualification:	06/28/1979 Document number: 627937
5. The name and street address of the of Florida Department of State:	urrent registered agent and registered office on file with the
J. Stephen Gardner	
220 S. Franklin Stree	t See See See See See See See See See Se
	new registered agent (if changed) and /or registered office 2
Bush Ross R	egistered Agent Services, LLC
1801 North I	Highland Avenue
Tampa, Flori	da 33602
as changed will be identical.	· · · · · · · · · · · · · · · · · · ·
(Signature of an officer or dire	Deborah Parham Director, Finance 8 (Printed or typed name and title) Alministrative
I further agree to comply with the provof my duties, and I am familiar with a	stered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Of, if this ct a change in the registered office address, I hereby confirm that the ct of this change.
(Signature of Registered Agent	1006 1000
If signing on behalf of an entity:) (Date)
(Typed or Printed Name)	- Vie Rivellt
* (A)	* * FILING FEE: \$35.00 * * *
MAKE CHECK MAIL TO: DIVISION OF (CR2E045 (8/05)	S PAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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