F0000003168

(Requestor's Name)						
(Address)						
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SECRETARY OF STATI

12/2/10

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJECT: eRoomSystem Technologies, Inc. Name of Corporation						
DOCI	MENT NUMBER:F0000003168					
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Swan who were Name of Contact Person					
- Lour Firm/Company						
	1072 Mad Son Are Address					
	La Lewood NJO 870) City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For fui	ther information concerning this matter, please call:					
	Name of Contact Person at Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 inge is submitted for a corporation organized under er to change its registered office or registered agent,	the laws of the State	e of Nevada
1. The name of	the corporation: eRoomSystem Technology	ogies, Inc.	
2. The principal	office address: 1072 Madison Avenue, Lake	wood, NJ 08701	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:06/05/2000Docu	ument number:	F00000003168
	d street address of the current registered agent and re rtment of State: (If resigned, enter resigned)	egistered office on fi	le with the 2010 DEC 20
	Nrai Services, Inc.		二篇号二
	2731 Executive Park Dr. SUITE 4		TARY ASS
	Weston, FL 33331		He s
6. The name and (if changed):	d street address of the new registered agent (if chang	ed) and /or registere	d office ORIGINA
	InCorp Services, Inc.		
	17888 67th Court North		
	P.O. Box NOT acceptable		
The street addre	Loxahatchee, FL 33470	Called housiness of Goo	afita madiatored agent
	ess of its registered office and the street address of be identical.		
Such change was authorized by the	as authorized by resolution duly adopted by its boande board, or the corporation has been notified in w	ard of directors or b riting of the change	oy an officer so e.
Signatu	re of an officer or director	Printed or typed name	the CEO
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to to comply with the provisions of all statutes relatived. I am familiar with and accept the obligation of ing filed merely to reflect a change in the registeres been notified in writing of this change.	act in this capacity ve to the proper and my position as regized office address, I i	, l complete performance stered agent. Or, if this hereby confirm that the
Sig	nature of Registered Agent	December 6	5, 2010
If signing on be	half of an entity:		
Lisa Granskie	on behalf of InCorp Services, Inc.		
T	vned or Printed Name		

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