FB2000004618	
(Requestor's Name) (Address) (Address)	200024699042
(City/State/Zip/Phone #)	11./21./0301027006 <b>**35.0</b> 0 .
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 03 NOV 21 AM 11: 23 IALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER TO: Amendment Section **Division of Corporations** TELEMATICS, INC (Name of corporation) 16ER SUBJECT 10200004618 **DOCUMENT NUMBER:** 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: NCHAEL W.C (Name of firm/company) arkway NORTH Centurion (Address) 600 32256 (City/state and zip code)

For further information concerning this matter, please call:

RENDER 104  $\lambda$  19 - 72tLArea code & daytime telephone number) ame of person

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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

- 1. The name of the corporation: TIGER Telematics INC.
- 2. The principal office address: 10201 Centurion Parkway NorTh JACKSONVILLE, FL 32256

3. The mailing address (if different):

F02000004618 Document number: 4. Date of incorporation/qualification:

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

MCHAEL CARRENDER 3 Steano 4190 Belfor SSEE OF JACKSonville 1 AM 11:23 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): DER PARKWAYNORTH STE 600 Centurion Pa (P.O. Box or personal mailbox NOT acceptable) CKSonvill 225

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.

ARRENO EO MICHAEL W. Printed or typed name and title) mature of an officer or director)

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 mercly to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

(Signature

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

1-18-0<u>3</u>

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314