

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)222-9428



REGISTERED AGENT CHANGE

RAND IMAGINIT TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing

Rublio Access Help.

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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 6 this statement of change is submitted for a corporation organized under the language in order to change its registered office or registered in	aws of the State of	
of Florida.		
1. The name of the corporation: Rand Imaginit Technologies, Inc.		
2. The principal office address: 40 Village Centre Place Mississawga Ontario L4W 1V9 OC		
3. The mailing address (if different);		
4. Date of incorporation/qualification: 1/22/03 Document number 1/22/03	mber: F03000000366	
5. The name and street address of the current registered agent and registered of Florida Department of State:	office on file with the	
Corporation Service Company		
1201 Hays Street		
Tallahassee FL 32301-2525		
6. The name and street address of the new registered agent (if changed) a changed): C T Corporation System	nd /or registered office (if	
		
o/o C T Corporation System		
(P.O. Box or personal mailbox NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324		
The street address of its registered office and the street address of the busingent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of dire authorized by the board or the corporation has been notified in writing of the	,	
(Signature of an Officer phaintan or vice chairman of the board) [Fighted or Open date	- ROBIN LAPETERS	
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the p performance of my duties, and I am familiar with and accept the obligation registered agent. Or, if this document is being filed merely to reflect a char office address, I hereby confirm that the corporation has been notified in w	capacity roper and complete of my position as age in the registered riting of this change.	
E i Corporation System		
By: 3 1404 (Bignature of Registered Agent) If signing on behalf of an entity; Askt. Secy. (Typed or Hinted Name) (Capacity)	97	

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

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