Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000254062 3)))



H080002540623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

MONDY IZ AN BEGO MONETARY OF STALE MEMHASSEE, FLORIDE

REGISTERED AGENT CHANGE

SYSGOLD HOLDING INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE ONVISION OF JOSPONALIG

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

statement of cha	provisions of sections 607.0502, 617.0502, Inge is submitted for a corporation organize Ir to change its registered office or registere	, , , , , , , , , , , , , , , , , , , ,
1. The name of	the corporation: SYSGOLD HOLDING	INC,
	office address: 7791 NW 467H STREE	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/22/2003	Document number: F03000004214
	I street address of the current registered ager traint of State: (If resigned, enter resigned)	n and registered office on file with the
Ť	RESTREPO, FEDERICO	·
	7791 NW 46TH STREETSUITE 305	2 E
	DORAL FL 33166	~
(if changed):	CT Corporation 9	
	(P.O. Box NOT acceptable)	
	Plantation, Florida	33324
=	ss of its registered office and the street add be identical. s authorized by resolution duly adopted by e board, or the corporation has been notifi	tress of the business office of its registered agent, y its board of directors or by an officer so ed in writing of the change.
(5)(2)(0)	re of an officer of director)	Manuel Etter, President Cruned or typed name and tale)
l hereby accept if further agree to f my duties, and locument is bein corporation has	the appointment as registered agent and a o comply with the provisions of all statutes d I am familiar with and accept the obliga ig filed merely to reflect a change in the re been notified in writing of this change.	gree to act in this capacity s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby canfirm that the
By: Bail	C.Y. Corporation System 4.4 QBULL	10/30/2008
	nature of Registered Agent)	(Daty)
Ba	udf of un entity ; rbara A. Burke Assistant Secretary	
	ypad or Printad Name)	
	* * * FILING FEE:	\$35.00 * * *

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

FLD05 - 10/06/2008 C T System Unition

CR2E045 (8/05)