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## CAPITAL CONNECTION, INC.

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

-	- · · · · · · · · · · · · · · · · · · ·	502, 607.1508, or 617.1508, Florida Statutes, this
		ranized under the laws of the State of Florida
in orde	er to change its registered office or regi	istered agent, or both, in the State of Florida.
1. The name of t	the corporation: GENERAL TRANSYS	TEMS, INC.
2. The principal	office address: 35950 ROBERTS ROA	AD .
DADE CITY	/, FLORIDA 33525	
3. The mailing a	address (if different): P.O. BOX 1454	
DADE CITY,	FLORIDA 33526	
4. Date of incorp	poration/qualification: 01/21/2005	Document number: F05000000568
	d street address of the current registered rtment of State:	d agent and registered office on file with the
	ROBERT GOLDSTEIN	
	35950 ROBERTS ROAD	2008 JAN 22 P SECRETARY TALLAHASSE
	DADE CITY, FLORIDA 33525	ASS
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office
	JAMES LARRY RICH	
	35950 ROBERTS ROAD	
	(P.O. Box NOT acceptal	ole)
	DADE CITY, FLORIDA 3352	5
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Lini	a Jany Kut	JAMES LARRY RICH
(Signatu	ire of an officer or director)	(Printed or typed name and title)
of my duties, and document is bei	the appointment as registered agent of the comply with the provisions of all stand I am familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this change.	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
James .	Jans fuh	1-18-2008
(Sig	gnature of Registered Agent)	(Date)
If signing on bel	half of an entity:	
(T	Гуреd or Printed 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 CR2E045 (8/05)