

**F05000002472**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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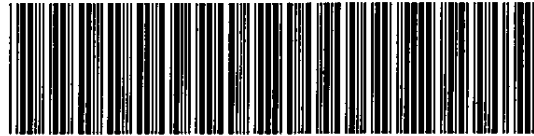
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 APR 23 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INTEGRATED SYSTEMS CONSULTING, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F05000002472

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:

Post-Formation Filings

(Name of Contact Person)

MyCorporation.com

(Firm/Company)

26520 Agoura Rd.

(Address)

Calabasas, California 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Post-Formation Filings

(Name of Contact Person)

at ( 818 ) 879-9079

(Area Code & Daytime Telephone Number)

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MyCorporation**  
*From the makers of QuickBooks*

26520 Agoura Road  
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct: 1-818-879-9079 | Fax: 1-818-879-8005  
e-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

April 4, 2007

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: CHANGE OF REGISTERED OFFICE/AGENT:  
INTEGRATED SYSTEMS CONSULTING, INC.**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings  
My Corporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO  
POST FORMATIONS AT 888-692-6771.**

**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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Mississippi in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTEGRATED SYSTEMS CONSULTING, INC.
2. The principal office address: 25 Redbud Lane, Madison, Mississippi 39110
3. The mailing address (if different): P.O. Box 725, Madison, MS 39130-0725
4. Date of incorporation/qualification: 04/25/2005 Document number: F05000002472
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Townsend, William L Jr.

200 Reid Street

Palatka, Florida 32177

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

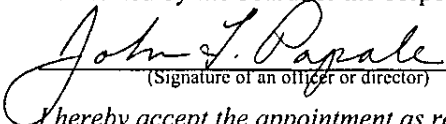
2731 Executive Park Drive., Suite 4

(P.O. Box NOT acceptable)

Weston, Florida 33331

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.

  
(Signature of an officer or director)

John F. Papale, President  
(Printed or typed name and title)

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

  
(Signature of Registered Agent)

April 04, 2007

(Date)

If signing on behalf of an entity:

Meghan Record, Asst. Sec.

(Typed or Printed Name)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA