F06000004155

| (Requestor's Name) | | | | | |
|---|------------------------|--|--|--|--|
| - (Add | dress) | | | | |
| (Add | dress) | | | | |
| (Cit | y/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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99/27/07--01949--095 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

059/4/07 N/WD

COVER ÉÈTTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: AXYOM IT SOLUTIONS, INC (Name of Corporation) | | | | |
| DOCUMENT NUMBER: F06000004155 | | | | |
| 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: | | | | |
| REGINO GOMEZ (Name of Contact Person) | | | | |
| Axyon IT Soutions, Inc. (Firm/Company) | | | | |
| 3953 LAKE MIRA DR | | | | |
| (Address) | | | | |
| OPLANOO FL 32817 (City/State and Zip Code) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| REGINO GOMEZ (Name of Contact Person) at (407-) 774-4977 (Area Code & Daytime Telephone Number) | | | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Doportment 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

TO:

Amendment Section

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

| | ovisions of sections 607.0502, 617.0502, 607.150 | | | |
|--|---|---|---------------------------------|--|
| | ge is submitted for a corporation organized under o change its registered office or registered agent, | | | |
| 2 | e corporation: AXYOM IT SOLI | | | |
| | fice address: 101 CONVENTION G | | | |
| | LASURGAS, NV, 8 | 39109 | | |
| 3. The mailing add | dress (if different): PO BOX 277 | 40 | | |
| | LAS VEGAS, NV | . 89126 | | |
| 4. Date of incorpo | ration/qualification: 6-94-06 6-14-06 Doc | ıment number:- 200 | 60289168-52 | |
| 5. The name and s Florida Departm | △ | gistered office on file v | vith the F060 0000 415 | |
| _ | ANTOINETTE Perez | | · · | |
| | 706/GAPAD NATIONAL I | DR#131 | DIN SE | |
| - | ORLANDO, FL. 32819 | | WISION OF COR NVISION OF COR | |
| 6. The name and s (if changed): | treet address of the new registered agent (if change) | ged) and /or registered o | Ffice Fine PH 3 | |
| REGINO GOMER SISTERIA | | | | |
| (P.O. Box NOT acceptable) | | | | |
| _ | OPLANOO, FC. 328, | 7 | _ | |
| The street address as changed will b | s of its registered office and the street address of e identical. | the business office of | its registered agent, | |
| Such change was authorized by the | authorized by resolution duly adopted by its board, or the corporation has been notified in w | ard of directors or by ar riting of the change. | officer so | |
| | | W C CC (pc | President | |
| The same of the sa | of an officer or directal) the appointment as registered agent and agree to coverify with the provisions of all statutes relatively duties, and I am familiar with and accept the dediction of the compent is being filed merely to reflect a change the corporation has been notified in writing of | (Printed or typed name and act in this capacity. we to the proper and coublingation of my positions in the registered official this change. | · | |
| 7 | F-14-07 (Date) | | | |
| | filtra of Registered Agent) | (Date) | | |
| If signing on beha | • | | | |
| | o GOMEZ ped or Printed Name) | | | |

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