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.

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H080002426963ABC4

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To:

Division of Corporations

Fax Number

: (850)617-6380

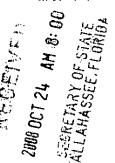
From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850) 558-1575

THE ADOLE



REGISTERED AGENT CHANGE

VODA NETWORKS, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

f A Rochy

T. Roberts UCT 2 4 2008

CR2E045 (8/05)

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

		07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
		poration organized under the laws of the State of New York d office or registered agent, or both, in the State of Florida.	-
		1 7	
		A NETWORKS, INC.	
2. The principal	office address: 6851 J	Jericho Turnpike, Suite 120	
Syosset, N	VY 11791		
3. The mailing a	Idress (if different);		
•	,		
4. Date of incorp	oration/qualification: 0	1/02/2007 Document number: F0700000042	
	street address of the cur tment of State:	rrent registered agent and registered office on file with the	
	Incorp Services, I	Inc.	
	17888 67th Court	North	
	Loxahatchee, FL	33470	
6. The name and (if changed):	street address of the nex	w registered agent (if changed) and /or registered office	08 OCT
	Corporation Servi	ice Company	24
	1201 Hays Street	<u> </u>	3
	•	. Box NOT acceptable)	A
	Tallahassee, FL 3	32301	
The street address changed will	ess of its registered office be identical.	ce and the street address of the business office of its registered ager	
Such change was authorized by the	as authorized by resolut ac board, or the corpora	tion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
£	re of an officer or befector)	(Printed or typed value and type)	-
corporation nas	Theen until ter me in time	istered agent and agree to act in this capacity, issions of all statutes relative to the proper and complete performant accept the obligation of my position as registered agent. Or, if the change in the registered office address, I hereby confirm that the office of this change.	ce his he
By	ion Service Comp	pany /1/25/208	
- 3. (Carlotte)	matern of Kegistered Agent)	(944)	-
• •	half of an entity:		
	tant Vice President	<u>t </u>	
(1	'yped or Printed Name)	* * FILING FEE: \$35.00 * * *	
M.	MAKE CHECKS I AIL TO: DIVISION OF CO	HAYABLE TO FLORIDA DEPARTMENT OF STATE ORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	