Division of Corporations Electronic Filing Cover Sheet

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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)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE CYRACOM INTERNATIONAL INC.

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/15/2010

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delawate gistered ugent, or both, in the State of Florida.
	the corporation: CYRACOM INTERN	•
• •	an Post Tuccon A7 85718	
4. Date of incor	rporation/qualification: 08/03/2009	Document number: F0900003068
5. The name an		ed agent and registered office on file with the
	CT Corporation System	25 T
	1200 South Pine Island Rd	ALL SECTION OF
	Plantation, FL 33324	HAT C
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registered office
	Corporation Service Company	LOGIS 99
	1201 Hays Street	36 TE
	(P.O. Box NOT accept	lable)
	Tallahassee, FL 32301	
The street addr	ess of its registered office and the str l be identical.	reet address of the business office of its registered agent,
Such change w authorized by t	ras authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
<u> </u>	muny	Blanca Lozada, Attorney in Fact
I hereby accept I further agree of my duties, ar document is be corporation ha	we of an official discipition I the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the ing filed merely to reflect a change it s been notified in writing of this chan a Service Company	(Printed or typed teams and title) It and agree to act in this capacity, It statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge.
By:	w//ll	December 8, 2010
- Const	gnature of Registered Agent)	(Dete)
If signing on be	chalf of an entity:	
Elizabeth A. Dar	wson, Asst. Vice President	
. (Typed 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)