Division of Corporations 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.

(((H15000028306 3)))



H150000283083ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

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 RAISECOM (USA) INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Please Filzhd Afner Amenbrent

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Amendment Section
Division of Corporations

RAISECOM INC.

Name of Corporation

F1100001800

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:

ALEX SHAW

Name of Contact Person

RAISECOM INC.

Firm/Company

3895 COUNTRY PARK DRIVE

Address

ROSEVILLE, CA 95661

City/State and Zip Code

alex@raisecominc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Shaw

...415

806-5899

Name of Contact Person

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

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 natement of change is submitted for a corporation organized under the laws of the State of Delawate
in arder to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: RAISECOM INC.
2. The principal office address: 3031 N. ROCKY POINT DRIVE WEST, SUITE 100 TAMPA, FLORIDA 33607
3. The mailing address (if different):
4. Date of incorporation/qualification: APRIL 26, 2011 Document number: F11000001800
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ALEX SHAW
2717 SEVILLE BLVD #15208
CLEARWATER, FL 33764
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEVE LAGGNER
3031 N. ROCKY POINT DRIVE WEST, SUITE 100
P.O. Bus. NOT acceptable TAMPA, FLORIDA 33607
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.
ALEX SHAW, PRESIDENT AND CEO Printed or typed curve und title
I hereby accept the appointment as registered event 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 affice address, I hereby copfirm that the corporation has been notified in writing of this change.
X Signature of Registered Agent Date
If signing on behalf of an entity:
Typod or Printed Noote
* * * 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 (03/12)