## 2355 Requester's Name

WALDMAN FELUREN & TRIGOBOFF, P.A. 2200 North Commerce Parkway Suite 202
Weston, Florida 33326-3258

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 3000047026437 -12/03/0101069012 *****35.00 *****35.00
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
D Distrusting	Certified Copy
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  V SHEPARD DEC 1 0 2001
	Examiner's Initials

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

Pursuant to the pro	visions of sections 607	7.0502, 617.0502,	607.1508, or 617.150	08, Florida Statutes,
the undersigned cor	poration organized und	ler the laws of the S	State of Florida	
	g statement in order to			ed agent, or both, in
	corporation:Systems	s Plus Solution	ns, Inc.	9/
	•			0,
2. The mailing addre	ess of the corporation:	3250 Corporate	e Way, Miramar,	FL 33025
3. Date of incorpora	tion/qualification:	3/4/81	Document number:	F23555
4. The name and add	ress of the current regis	stered agent and off	fice:	
	rk S. Feluren	Ü		•
	00 N. Commerce Pa	rkway, Šuite.2	202	· .
₩e	ston, FL 33326	<u> </u>	<u> </u>	_ 
5. The name and add	ress of the new register (P. O.	ed agent (if change Box <b>Not</b> Acceptab	d) and/or registered o	ffice (if changed):
Ro	bert J. Manne			· -
31	11 Stirling Road			
<u>Fo</u>	rt Lauderdale, FL	33312 🔀		
-8, as example, w			-	
Which h	horized by resolution of ard.  1		board of directors or	by an officer so
Reda	rinted or typed name and title			· · ·
Having been named corporation, I hereby I further agree to corperformance of my dregistered agent.	as registered agent and accept the appointment apply with the provision uties, and I am familian	l to accept service nt as registered ag s of all statutes rel r with and accept t	of process for the ab ent and agree to act ative to the proper a he obligation of my p	ove stated in this capacity. nd complete oosition as
Robert	Manie	<u></u>	11/18/07	
mangia)	e of Registered Agent)		(Date)	
f signing on behalf of an	entity:  Man/NK			
ROBBRT (Typed o	r Printed Name)	* 250	(Capacity)	<u> </u>

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