3/31/2016 3:28:33 PM From: To: 8506176380( 1/3 )



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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REGISTERED AGENT CHANGE ELXSI, INC.

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## **COVER LETTER**

	ELXSI, INC.
SUBJECT:	Name of Corporation
DOCUMENT NUMI	F9200000036 BER:
The enclosed Stateme	nt of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	DAVID M. DOOLITTLE
<del></del>	Name of Contact Person
	ELXSI
<del>_</del>	Firm/Company
	3600 RIO VISTA AVENUE, SUITE A
<del></del>	Address
	ORLANDO, FL 32805
يمنعن	City/State and Zip Code
E-1	mail address: (to be used for future annual report notification)
For further information	at (215) 569-2800  Area Code & Daytime Telephone Num
Name o	f Contact Person Area Code & Daytime Telephone Num

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

Taliahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of California ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ELXSI, Inc.	
2. The principal	al office address: 3600 Rio Vista Avenue, Suite A, Orlando, FL 32805	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 10/29/1992 Document number: F92000000036	
	nd street address of the current registered agent and registered office on file with the artment of State; (If resigned, enter resigned)	
	The Prentice-Hail Corporation System, Inc.	
	1201 Hays Street, Suite 105	
	Tallahassee, FL 32301	
6. The name and (if changed):	id street address of the new registered agent (if changed) and /or registered office	
	C T Corporation System	
	c/o CT Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable Plantation, Florida 33324	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so the board, arther comporation has been notified in writing of the change.	
The	LOUIS N. MARKS Vice PESUDENT ure of an officer or director Printed or typed name and title AND STATES	
I hereby accept Further agree therefore of	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete f my duites, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	\$er
By: And	rporation System  A TO CO TO	
	ehalf of an entity:	
Ann J. Williams,	s, Assistant Vice President	
	Vined 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 (03/12)