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(Requestor's Nar	ne)
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TALLAHASSEE, FLORIDA

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ff. Charge



IN SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 842726 5172953
AUTHORIZATION: Spelle man
COST LIMIT : \$25.00
ORDER DATE : January 31, 2006
ORDER TIME : 9:44 AM
ORDER NO. : 842726-010
CUSTOMER NO: 5172953
CHANGE OF AGENT
NAME: HIGH TECHNOLOGY SOLUTIONS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: Amanda Haddan
EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.050. Inge is submitted for a corporation organ				is	_
	er to change its registered office or registe					
1. The name of	the corporation: HIGH TECHNOLOGY S	OLUTIONS, INC.				
	office address: 4810 Eastgate Mall, Bridg		San Diego, CA, 9	2121		
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: January 24, 1996	Document nun	nber: F9600000	0410		
	I street address of the current registered age	gent and registered o	ffice on file with	the		
	C T Corporation System	. •				
	1200 South Pine Island Road			TA.	2	
	Plantation, FL 33324			LLAH	906 FE	
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /o	r registered offic	ASSEE.	B-1 A	FILE
	Corporation Service Company	-		FL01	AH :	_
	1201 Hays Street			ATE AIDA	<u>:-</u>	
	(P.O. Box NOT acceptable)					
	Tallahassee, FL 32301	- 				· -
The street address changed will	ess of its registered office and the street be identical.	address of the busin	ess office of its	registere	ed age	nt,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of dire tified in writing of t	ectors or by an o he change.	officer so	ı	
for	7	Adamlan	wow, See	net m	()	
I hereby accept I further agree to of my duties, an document is bei corporation has Corporation By: //// Ch	the of an officer or director) the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company,	•	į	•		nce this the
	mature of Registered Agent)		(Date)			
	half of an entity:					
Michelle R. Van	noy, Asst. V.P. Syped or Printed Name)	- -				
(-	* * * FILING FE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314