

F98000002495

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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REGISTERED AGENT CHANGE

SYRSTONE, INC.

RECEIVED
2009 JUL 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 JUL 13 PM 2:17
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TALLAHASSEE, FLORIDA

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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 statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Syrstons, Inc.
2. The principal office address: 201 SOUTH MAIN STREET SUITE 306 NORTH SYRACUSE NY 13212
3. The mailing address (if different): PO Box 247, North Syracuse, NY 13212
4. Date of incorporation/qualification: 05/01/1998 Document number: F98000002495
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)

LANG, MARK P
222 WEST COMSTOCK AVE., SUITE 210
WINTER PARK FL 32790-2615 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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 TALLAHASSEE FLORIDA

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.

Chris C. Schneider
Signature of an officer or director

CHRIS C. SCHNEIDER, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent 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 office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
 By: [Signature]
Signature of Registered Agent

July 13, 2009
Date

If signing on behalf of an entity:
ANN J. WILLIAMS
Assistant 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)