## F98000006285

| (Re                       | questor's Name)   |                 |
|---------------------------|-------------------|-----------------|
| (Ad                       | dress)            |                 |
| . (Ad                     | dress)            |                 |
| (Cit                      | y/State/Zip/Phone | <del>;</del> #) |
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| (Bu                       | siness Entity Nam | ne)             |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations                 |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: GovConnect, Inc. (Name of con                         | noration)  |  |  |  |  |
| (Marily of you   | portuon  |  |  |  |  |
| DOCUMENT NUMBER: F98000006285                                  | <del></del>  |  |  |  |  |
| The enclosed Statement of Change of Registered Office/Ager     | nt and fee are submitted for filing.                     |  |  |  |  |
| Please return all correspondence concerning this matter to the | e following:   |  |  |  |  |
| Ralph Shalom   |  |  |  |  |  |
| (Name of person)   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| (Name of firm/c  | company)   |  |  |  |  |
|  |  |  |  |  |  |
| 3975 NW 120 Ave  | AR auns  |  |  |  |  |
| (Addres  |  |  |  |  |  |
| ,  |  |  |  |  |  |
| Carol Saringa Flor   | -d- 220cc  |  |  |  |  |
| Coral Springs, Flor<br>(City/state and a                       |  |  |  |  |  |
|  | <i>(1)</i>   |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
|  |  |  |  |  |  |
| Ralph Shalom   | at (954) 845-4568 (Area code & daytime telephone number) |  |  |  |  |
| (Name of person)   | (Area code & daytime telephone number)                   |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of  | of State.  |  |  |  |  |
| Mailing Address:   | Street Address:<br>Amendment Section                     |  |  |  |  |
| Amendment Section Division of Corporations                     | Amendment Section  |  |  |  |  |
| Division of Corporations P.O. Box 6327                         | Division of Corporations<br>409 E. Gaines Street         |  |  |  |  |
| Tallahassee, FL 32314  | Tallahassee, FL 32399                                    |  |  |  |  |

CR2E045(09/03)

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

| Pursuant to the provisions of sec   |   |  |  |   |                 |  |
|---|---|--|--|---|-----------------|--|
| change is submitted for a corpor<br>to change its registered office or  |   |  | wate   | in or                                   | raer            | , <b>u</b>   |
| ia chango na rogano, ca agrico o  |   | - 1.5.1.1.1.2 Gy 1 7.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.  |  |   |                 |  |
| 1. The name of the corporation:   | GovConnect, Inc.  |  | <del> </del>   |   |                 |  |
| 2. The principal office address:_   | 11311 Cornell Park Drive, S   | Suite 300  |  |   |                 |  |
|   | Cincinnati, Ohio 45242  | ·  |  |   |                 | 7. ° ē.  |
| 3. The mailing address (if different  | ent):   | Additional Control of the Control of | <u> </u>   |   |                 |  |
|   |   | <del></del>  | · · · · · · · · · · · · · · · · · · ·                              |   |                 | #  |
| 4. Date of incorporation/qualific   | ation: November 16, 1998  | Document number: _F  | 98000006285  | <u> </u>                                | ·               | ==   |
| 5. The name and street address of Florida Department of State:  | of the current registered agent ar                                  | nd registered office on  | file with the  |   |                 |  |
|   | Corporation Service Compa   | any  |  |   | , <del>*</del>  |  |
|   | 1201 Hays Street  | · · ·  |  | Dy                                      | 63              |  |
|   | Tallahassee, Florida 32301  |  | :  | CA<br>AA                                | 330             |  |
| <del></del>   | Tananasac, Tionoa ozoo i  |  |  | ASTA                                    | <u>ر</u> ې<br>د |  |
| 6. The name and street address of (if changed):   | of the new registered agent (if cl                                  | hanged) and /or registe  | ered office  | SEE. F                                  | 3               | 8  |
|   | Ralph Shalom  |  |  | STA<br>LOR                              | Ć.              | _  |
|   | 3975 NW 120 Avenue, 8B  | e de la companya de l | . •  | OCT<br>A                                | Û               | <b>!</b><br>- <u>-</u> :   |
| <del></del>   | (P.O. Box or personal mailbox)                                      | NOT acceptable)  |  | -                                       |                 | all grace in the second of the |
|   | Coral Springs, Florida 3306   | 55   |  |   |                 |  |
| The street address of its registe changed will be identical.  | red office and the street addre                                     | ss of the business offi  | ice of its registered  | l agent, as                             | • • • •         |  |
| Such change was authorized by<br>the board, or the corporation has  | resolution duly adopted by it<br>is been notified in writing of the | s board of directors o   | r by an officer so t   | authorized                              | by              |  |
| MINEN   | <i></i>   | Michael F. Rodin   |  |   |                 | _  |
| I haraby accept the appointment   | of director)  |  | of typed name and title)   |   |                 |  |
| I hereby accept the appointment I further agree to comply with a duties, and I am familiar with a being filed merely to reflect a cheen notified in writing of this contents. | ina accept the obligation of m<br>hange in the registered office    | te to the tribs capta<br>y position as register<br>address, I hereby cor   | md complete perform<br>ed agent. Or, if the<br>afirm that the corp | ormance of<br>is documen<br>oration has | my<br>it is     |  |
| Tapl S. J.  |   | Bon 1  | u 15,2003  |   |                 |  |
|   | red Agent)  | - ot clini   | (Date)   | <del></del>                             | <del></del> -   | tiam.  |
| If signing on behalf of an entity   | <i>t</i> :  |  | ·  |   | 4+              | =*   |
|   |   |  |  |   |                 |  |
| (Typed or Printed )   | Jame)   |  | (Capacity)   |   | <del>.</del> .  | <u></u>  |

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