

G79239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

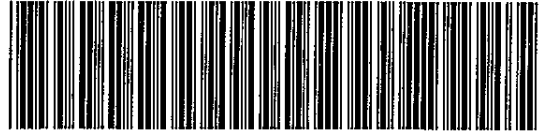
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/03--01077--002 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G79239 OM
8-5-03 3B
RACH

**SHUTTS
&
BOWEN
LLP**

ATTORNEYS AND COUNSELLORS AT LAW

J. GREGORY HUMPHRIES
Direct Line: (407) 835-6940

E-Mail Address:
jhumphries@shutts-law.com

July 30, 2003

VIA CERTIFIED MAIL
#7001 2510 0000 6880 2367
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

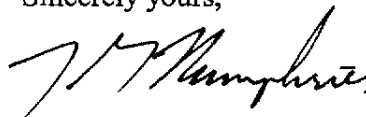
Re: Change of Registered Agent

Dear Sir or Madam:

I am enclosing a "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for Sales Engineering Concepts, Inc. Also enclosed is a check in the amount of \$35.00 to cover the filing fee. Please process this change as expeditiously as possible.

Thank you for your assistance in this matter.

Sincerely yours,



J. Gregory Humphries

JGH/lrm
Enclosures

ORLDOCS 10184740.1 LRM

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation Sales Engineering Concepts, Inc.
2. The principal office address: 598 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/18/84 Document Number: G79239
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Thomas J. Pughe
4701 N. Federal Hwy., Suite 430, Box B-11
Lighthouse Point, FL 33064
6. The name and street address of the new registered agent (if changed) and/or registered office (changed):
C. Edward Pughe
598 S. North Lake Blvd., Suite 1016
(P.O. Box or personal mailbox NOT acceptable)
Altamonte Springs, FL 32701

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CLERK OF STATE
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 of the corporation has been notified in writing of the change.

C. Edward Pughe
(Signature of an officer, chairman or vice chairman of the board)

C. Edward Pughe, 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. Edward Pughe
(Signature of Registered Agent)

7/29/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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