

# G92147

CHARTERS

2343 SPGS LNOG BLVD

LONGWOOD FL 32779

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-12/28/01--01024--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2001 DEC 28 PM 4:27

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R. A. Change  
HFC  
1-7-2002

**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,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : ZYCOM, INC.

2. The mailing address of the corporation : 901 N LAKE DESTINY DRIVE,  
SUITE #126 MAITLAND, FL, 32751, US

3. Date of incorporation/qualification: MARCH 22, 1984 Document number: G92147

4. The name and address of the current registered agent and office:

JAMES, MICHAEL T.  
1754 COCOPLUM CT  
LONGWOOD FL. 32779

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

CHARTERS, ARLEN E.  
2343 SPRINGS LANDING BLVD  
LONGWOOD, FL. 32779

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.

(Signature of an officer, chairman or vice chairman of the board)

MICHAEL T. JAMES PRES.

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated  
corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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