103000024317

| | | |
|--|-------------|--|
| (Request ~e) | | |
| telzuit | • | |
| TECHNOLOGIES, LLC | F | |
| wireless medical applications 5422 Carrier Drive Suite 306 | | |
| - Orlando, FL 32819 | | |
| | - | |
| | | |
| (City/State/Zip/Phone #) | | |
| | | |
| PICK-UP WAIT | MAIL | |
| | | |
| (Business Entity Name) | | |
| (Dusiness Endy Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of | Status | |
| | | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 1 1 | |
| | 4/19. | |
| | 1118 | |
| Office Use Only | 011,000 | |



600038350756

07/15/04--01021--001 **25.00

O4 JUL 15 AM IO: 47
SECAL FARY OF STORIES

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: | Telzuit Technologies, LLC |
|---|---|
| 2. The mailing address of the limited liability con | |
| Orlando, Florida 32819 | |
| 07/03/2003 | L03000024317 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the register Florida Department of State: Robert J. Hutchins | ered office address as shown on the records of the |
| 400 North Wymore F | Name Road, Suite 110 |
| Winter Park, Florida | Address 32789 State and Zip |
| 6. The name and address of the new registered age | ent and/or office: |
| Don Sproat | |
| 5422 Carrier Drive, S | ame Suite 306 |
| Florida street address | (P.O. Box NOT acceptable) |
| Orlando | FL 32819 |
| Čity, Sta | ate and Zip |
| and the business office of the registered agent will | de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of softerwise provided in the articles of organization on mpany. |
| Don Sproat | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fundaments, I hereby confirm that the limited liability (Signature of Registered Agent) | ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change. |
| Division of Commentions DO | Day 6227 Wallahassan El 22214 |

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

FILING FEE: \$25.00