

LO7000072979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

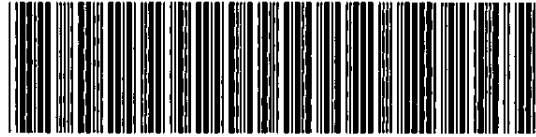
LO7-72979

(Document Number)

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INETTECHNO SYSTEMS, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L07000072979

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jyoti Prabha  
(Name of Contact Person)

INETTECHNO SYSTEMS, LLC  
(Firm/Company)

10466 Creston Glen Cir(E)  
(Address)

Jacksonville, FL, 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jyoti Prabha at ( 561 ) 779-5048  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2007

JYOTI PRABHA  
10466 CRESTON GLEN  
JACKSONVILLE, FL 32256

SUBJECT: INETTECHNO SYSTEMS, LLC  
Ref. Number: L07000072979

We have received your document for INETTECHNO SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 307A00062706

**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: INFETECHNO SYSTEMS, LLC
2. The mailing address of the limited liability company is : 10466, CRESTON GLEN CIR (E)  
JACKSONVILLE, FL, 32256

JULY 16th, 2007  
3. Date of filing/registration in Florida

LO7000072979  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JYOTE PRABHA  
Name  
1013, GREEN PINE BLVD, APT B1  
Address  
WEST PALM BEACH, FL, 33409  
City, State and Zip

6. The name and address of the new registered agent and/or office:

JYOTE PRABHA  
Name  
10466, CRESTON GLEN CIR (E)  
Florida street address (P.O. Box NOT acceptable)  
JACKSONVILLE FL, 32256  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jyoti Prabha.  
(Signature of a member or authorized representative of a member)

JYOTE PRABHA  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Jyoti Prabha.  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00