P00000025966

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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OVISION SEE FLORIBAS

SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVED AND FILED

RA Charge

G. Soullistes DEC 2 7 2007



CT 1203 Governors Square Blvd. Taltahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 27, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7112918 SO

Customer Reference 1: CWP

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

T.A.M.I. TECHNOLOGIES CORP. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: T. A. H. T. T.	(Name of Corporation)	Corp.
DOCUMENT NUMBER: P 00	0000 25966	
The enclosed Statement of Change of	Registered Office/Agent and fee a	e submitted for filing.
Please return all correspondence conce	rning this matter to the following:	
Charle	S Abikhzen (Name of Contact Person)	
T. A	H. T Technologie (Firm/Company)	s Corp.
60 St. Tax	ques Street We (Address)	st, 8th Floor
Hontreal.	uebec Canada (City/State and Zip Code)	H24-115
For further information concerning thi	matter, please call:	
Charles Abilds en (Name of Contact Pers	at (<u>514</u> on) (Area Cod	284-6085 & Daytime Telephone Number
Enclosed is a \$35,00 check made paya	ble to the Department of State.	·
Mailing Add	ess: Street	Address:
Amendment		dment Section
Division of (P.O: Box 63		on of Corporations Building
Tallahassee,		Executive Center Circle
r server change at		

Tallahassee, FL 32301

CR2E045 (8/05)

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

	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this
	ration organized under the laws of the State of Florida. fice or registered agent, or both, in the State of Florida.
1. The name of the corporation: T.A.	1. Technologies Com.
2. The principal office address: 1501 F	residential way # 5
3. The mailing address (if different): 60	St. Jacques street West 8th Floor
Hontreal cuebec	Cavada H2+115
4. Date of incorporation/qualification: 3	14/ 2000 Document number: PODDDD 25966
5. The name and street address of the curren Florida Department of State:	t registered agent and registered office on file with the
Jaimy Ben	simon
1501 hesiden	tial Way, 45
West Palm la	Peach Florida 33401
6. The name and street address of the new re (if changed):	egistered agent (if changed) and /or registered office
	C T Corporation System SSR 27
c/o C.T Corporat	ion System, 1200 South Pine Island Road.
	NOT acceptable)
	Plantation, Florida 33324
The street address of its registered office a as changed will be identical.	and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	duly adopted by its board of directors or by an officer so a has been notified in writing of the change.
(Signature of an officer or director)	CHARLES ABIKHDER - CEO
I hereby accept the appointment as registed I further agree to comply with the provision of my duties, and I am familiar with and a document is being filed merely to reflect a corporation has been notified in writing o	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete performance occept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the f this change.
By: C T Corporation System (Signature of Registered Agent)	12/27/07 (Date)
If signing on behalf of an entity: (Typod or Printed Name)	
	FILING FEE: \$35.00 * * *
MAKE CHECKS PAY MAIL TO: DIVISION OF CORP CR2E045 (8/05)	vable to Florida Department of State orations, P.O. Box 6327, Tallahassee, FL 32314

FL006 - 09/14/2005 C T System Online

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: T. A. H. T. Technologies Corp. (Name of Corporation)
DOCUMENT NUMBER: P 000000 25966
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:
Charles AbiKhzen (Name of Contact Person)
T. A. M. I Technologies Cosp.
60 St- Tacques Street West, 8th Floor
Hontreal Cuebes Canada H24 115 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Ab, Ehren at (514) 284-6085 (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

CR2E045 (8/05)