BlueStreak Networking, Inc 2077 RANGE ROAD CLEARWATER, FL 33765 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	
Corporation Name)	(Document #)	9000082063091 -10/04/0201044009 ******35.80 ******35.80
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regis Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/O	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	ship

CR2E031(7/97)

Examiner's Initials 15 10 10

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508	
Florida	of change is submitted for a corporation organized under the laws of t in order to change its registered office or registered agent, o	
of Florida.	at order to change its registered office of registered agent, o	Tooling in the said
	f the corporation:Blue Streak Networking, Inc.	POT I
2. The principa	al office address: 2077 Range Road, Clearwater, Florida 33765	EE OF S
3. The mailing	address (if different):	ORIDA
4. Date of inco	propration/qualification: 03/15/2000 Document number:	P00000026567
	nd street address of the current registered agent and registered office or artment of State:	n file with the
	W. Thompson Thorn, III	
	101 East Kennedy Boulevard, Suite 2800	
	Tampa, FL 33602	 ·
	2402 Byron Lane (P.O. Box or personal mailbox NOT acceptable) Tarpon Springs, FL 34689	 -
The street addr	ress of its registered office and the street address of the business officed will be identical.	e of its registered
Z.L.	vas authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change John A. Koehler	
I hereby accep I further agree performance o registered agei office address,	the appointment as registered agent and agree to act in this capacito comply with the provisions of all statutes relative to the proper at my duties, and I am familiar with and accept the obligation of my put. Or, if this document is being filed merely to reflect a change in the I hereby confirm that the corporation has been notified in writing of Coate) Signature of Registered Agent) (Printed or typed name and title, (Printed or typed name and title, and agree to act in this capacital agent, and I agree to act in this capacital agent, and I agree to act in this capacital agent, and agent, and agent, and agen	ty. nd complete nosition as ne registered f this change.
If signing on beha	lf 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)

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