P00000060206

TECHNOLOGY SOLUTIONS GROUP, INC. 6639 SOUTHPOINT PARKWAY, SUITE 104 JACKSONVILLE, FLORIDA 32216 (904) 296-7444

April 19, 2001

Via U.S. Mail

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Resident Agent

Dear Sir or Madam:

I have enclosed the change of Resident Agent form for Technology Solutions Group, Inc. and a check made to the Florida Department of State in the amount of \$35.00.

Thank you for your time and attention to this matter. If you have any questions, please feel free to contact me at (904) 245-6828.

Sincerely,

Dobort G. Hall

V. SHEPARD MAY 9 2001

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

	provisions of section organ						uies,
_	owing statement in		-	_		ent, or bot	h, in
-	the corporation:	Techno	logy So	1utions	Group.	Inc.	
	address of the corpo	1 uu ()	639 Sou	thpoint	Parkway	Suite	104
3. Date of incor	poration/qualificati	on: 6/21/00		Ocument nu	ımber: P	0000060	-
4. The name and	laddress of the cur J. Patric	_	nt and office	e :	Art yolk Markey	2 要	VISION W
-	· 6639 Sout	hpoint Park	way Sui	te 104		· c	
5. The name and	Jacksonvi i address of the nev	11e, FL 322 registered agent (P. O. Box Not	(if changed)	and/or regis	stered office	(if change	至 8: 50
_	Brian G.	•	-				
_	6639 Sout	hpoont Park	way Sui	te 104			
_	Jacksonvi	11e, FL 322	16		·		
The street addreagent, as change	ess of its registered ed, will be identica	office and the stre	eet address	of the busin	ess office of	its registe	ered
Such change was authorized by the	as authorized by re-	solution duly adop	oted by its b	oard of dire	ctors or by a	in officer s	30
(Signature	of an officer, chairman or	vice chairman of the be	oard)		(Date)		
	K. Stemmle, (Printed or typed no	ame and title)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		e - 1 · ·	-
Having been na corporation, I h I further agree performance of registered agen	med as registered vereby accept the a to comply with the my duties, and I av t.	agent and to acce ppointment as reg provisions of all s n familiar with an	pt service of istered age at the state of th	f process fo nt and agre tive to the p e obligation	r the above , e to act in th proper and c n of my posit	stated is capacit omplete ion as	у.
- grun	J, &	cne_		4// i (Date)	9/01		
If signing on behal	f of an entity:			•			
	Typed or Printed Name)			(Ca	pacity)		
	;	* * * FILING FE	E: \$35.00 *	* * *			

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