90000089602

(Re	questor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: G 2 SYSTEMS, INC.	
SUBJECT: G 2 3 1 3 1 Elvi S, INC. (Name of Corpora	ution)
DOCUMENT NUMBER: P00000089602	<u></u>
The enclosed Statement of Change of Registered Office/Ager	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
•	•
LEWIS GREEN	
(Name of Contact P	Person)
G 2 SYSTEMS, INC. (Firm/Compan	
(Firm/Compan	у)
6011 BENJAMIN ROAD; SUITE 101/ (Address)	<u> </u>
(
TAMPA, FLORIDA 33634	and the second s
(City/State and Zip	Code)
For further information concerning this matter, please call:	
LEMMO ODEEN, DDECIDENT	0.40
LEWIS GREEN, PRESIDENT == at (813) 888-8656 (Area Code & Daytime Telephone Number)
(
Enclosed is a \$35.00 check made payable to the Department of	of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of FLORID r to change its registered office or registered agent, or both, in the State of Florida.		_	
1. The name of t	the corporation: G 2 SYSTEMS, INC.			
2. The principal	office address: 6011 BENJAMIN ROAD; SUITE 101A; TAMPA, FLORIDA 33634			
3. The mailing a	ddress (if different):	· -,,,	<u></u>	
4. Date of incorp	poration/qualification; 09/21/2000 Document number; P00000089602			
	I street address of the current registered agent and registered office on file with the timent of State:			
	ROBERT M. DORTCH, CPA			
	310 S. BREVARD AVENUE		NAL 30	
	TAMPA, FLORIDA 33606			Ī
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	RETARY OF STATI WHASSEE, FLORI	23 PM 3:	Ţ
	LEWIS GREEN	ATE	3 <u>L</u>	
	6011 BENJAMIN ROAD; SUITE 101A		-	
	(P.O. Box NOT acceptable) TAMPA, FLORIDA 33634			
The street addre	ess of its registered office and the street address of the business office of its register be identical.	ered age	nt,	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	so		
- Signah	ure of an officer or director) LEWIS GREEN, PRESIDENT (Printed or typed name and title)			
I hereby accept I further agree of my duties, an document is be corparation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete pay I am familiar with and accept the obligation of my position as registered agent may filed merely to reflect a change in the registered office address, I hereby confissed notified in writing of this change.	erforma : Or, if l rm thát l	nce this the	
Alm	es Taxon OCTOBER 15, 2005		_	
	gnature of Registered Agent) (Date)			
	chalf of an entity:			
	EN, PRESIDENT Typed or Printed Name)	_		

* * * FILING FEE: \$35.00 * * *