

P00000091456



14025 N.W. 60th Avenue
Miami Lakes, Florida 33014

(City/State/Zip/Phone #)

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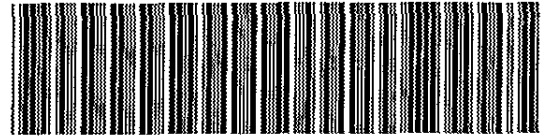
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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278

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Saxon Business Systems of Central Florida, Inc.
2. The principal office address: 14025 NW 60th Avenue
Miami Lakes, Florida 33014
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/28/2000 Document number: P00000091456

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard A. Hill
14025 NW 60th Avenue
Miami, Florida 33014

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

14025 N.W. 60th Avenue
(P.O. Box or personal mailbox NOT acceptable)
Miami Lakes, Florida 33014

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf 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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TALLAHASSEE, FLORIDA

37-0 check attached

Gentlemen: Pls correct the address shown attached Officer/ Director Detail 14025 NW 60th Ave Richard DeShall AST