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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (866) 223-0765

*RA Change  
Tues*

RECEIVED  
2007 OCT -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SARIS TECHNOLOGIES, INC.

Certificate of Status	0
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**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: Saris Technologies, Inc.
2. The principal office address: 255 South Orange Avenue, 6th Floor,  
Orlando, FL 32801
3. The mailing address (if different): PO Box 1511, Orlando, FL 32802
4. Date of incorporation/qualification: 2/9/2001 Document number: P01000015352
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Laurence J Pino, Esq  
255 South Orange Avenue, 6th Floor  
Orlando, FL 32801

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

Incorporating Services, Ltd.  
1540 Glenway Drive  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

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 or director)

 Patricia T. Wilson-Secretary  
(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)

10/2/2007  
(Date)

If signing on behalf of an entity:

Beverly O. Porter, Asst Secy  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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