## P01000023216

Office Use Only

SEQUEE NETWOOK SYSTEMS 515 SEA BREEZE BLUP. SUITE 310 FORT LAUDEEDALE, FL 33316

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

(Corporation Name)		(Document #)	****	
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NEW FILINGS		AMENDMENTS		
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OTHER FILING	<u>GS</u>	REGISTRATION/O	QUALIFICATION	
Annual Report Fictitious Name		☐ Foreign ☐ Limited Partners ☐ Reinstatement ☐ Trademark ☐ Other	ship	·

CR2E031(7/97)

Examiner's Initials PC 4/20/01

## 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, the undersigned corporation organized under the laws of the State of Figure 1
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: SERVE NETURON SESTEMS, INC.
2. The mailing address of the corporation: 515 SEA BREEZE BLVD:
SUITE 310 FORT LANDERDALE, FR 33316
3. Date of incorporation/qualification: 3/6/2001 Document number: P0/000023216
4. The name and address of the current registered agent and office:
TOSEPH KOMIT
Francisco Franci
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Total Vivia
FIE - 2
513 SEA BREEZE BLUD, SUITE 510
FORT LANDERDALE, FL 33316
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.
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Tolling I was a form To
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
Capacity
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)