PAINA	025539	<del>7</del> - •
ZUSACK  3545 Amaca Cir Oclando, 72  32/37		<u>-</u>
Cityrotatorzap	Office Use Only  DOCUMENT NUMBER(S), (if known):	
1. (Corporation Name)	(Document #)	
2(Corporation Name)	70004325567 (Document#) -05/29/0101101010 *****35.00 *****35.	
3(Corporation Name)	(Document #)	; 
4(Corporation Name)	(Document #)	s destable."
☐ Walk in ☐ Pick up t☐ Mail out ☐ Will wai		
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other T.LEWS JUN 5 2001	
	Examiner's Initials	

CR2E031(7/97)

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

	o the provisions of sections gned corporation organized				es,	
	following statement in ord				in	T TURE
the State of		<b>^</b> ,				= =
I. The name	e of the corporation:	) Information	n lechnologi	el, INC.	,	
2. The mail	ing address of the corporati	on: 3545	Amaca Circ	:le		
	<b>3</b>	ORIANDO		32837	<del></del> ·	The second of th
3. Date of i	incorporation/qualification:		<del>/</del>		15113	
4. The name	e and address of the current	registered agent and of	ffice:			
	SPiege	1 + Ufrera, P	). <b>A</b>			
	•	meria Aveni		===	3	- <del></del>
		cables, FL.			前夏州	
5. The name	and address of the new reg		ed) and/or registered of	fice (if changed):	FILE BY 29	
	DENIS	E Zusack			ie e u	·
		- AMACA Or	le		9	
	OR	Immdo, Florida	4 32837		ST O	
The street as	ddress of its registered offi anged, will be identical.	•		e of its registered	1	
	e was authorized by resolu- by the board.					
	ture of an officer, chairman of vice	4		125/01	•	
(Signa	ture of an officer, chairman or vice	chairman of the board)	(Date	e) /		
Der	JJJE & ZUSACK F (Printed or typed name at	Retident	·	:		- ,
	n named as registered agen , I hereby accept the appoi ree to comply with the prov e of my duties, and I am fai		e of process for the abo gent and agree to act in clative to the proper an the obligation of my po	ve stated n this capacity. d complete osition as		,
		Prock	5/22/2		· ···	
	(Signature of Registered Agena)	wack	(Date)	· · · · · · · · · · · · · · · · · · ·	<del>.</del> .	5.00 LL LL
lf signing on b	ehalf of an entity:			•		
	(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	(Capacity)		PAID 5/3	3
* * * FILING FEE: \$35.00 * * *					Check #	ZZ06
CR2E045(9/00)	Division of Corporations	P.O. Box 6327	TALLAHASSEE, FL 3231	14	Check # TOIT A	ccant