TRANSMITTAL LETTER

DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AND O LAKES For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section **Amendment Section** Division of Corporations P.O. Box 6327 **Division of Corporations**

409 E. Gaines Street

Tallahassee, FL 32399

CR2E045(07/02)

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

of Florida.	
1. The name of the	he corporation: BREAKTHROUGH ECS INC.
2. The principal of	office address: 2427 OASIS DRIVE
	LAND OLAKES, FL 34639
3. The mailing ac	ddress (if different):
,	**************************************
4. Date of incorp	oration/qualification: 5/25/01 Document number: P01000052
5. The name and	street address of the current registered agent and registered office on file with the
Florida Depart	ment of State: JOHN MUCCI
-	19420 MELODY HAIR PZ.
_	LUTZ, FL 33549
6. The name and	d street address of the new registered agent (if changed) and /or registered office (if
changed):	JOHN MUCCI
-	2427 Ore: DANE
	(P.O. Box or personal mailbox NOT acceptable)
	LANN O'LAKES FI 34637
The street address agent, as change	ss of its registered office and the street address of the business office of its registered d will be identical.
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