

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone

: (608)827-5300

Fax, Number

: (608)827-5501

## REGISTERED AGENT CHANGE

SABIO INFORMATION TECHNOLOGIES, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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

Pursuant to	the provisions of sections 60	97.0502, 617.0502, 607.1508, or 617.1508, Florida Sta	itutes,
	nt 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: SABIO IN	IFORMATION TECHNOLOGIES, INC.	
2. The princ	ipal office address: 8200 NW	27th Street, Suite 115, Miami, FL 33122	<del></del> .
3. The maili	ng address (if different):		
4. Date of in	corporation/qualification:	6/29/2001 Document number: P0100006500:	3
5. The name	•	ent registered agent and registered office on file with the	
	Mario M. Santiago		
	8200 NW 27th Street, Suil	te 115,	
	Miami, FL 33122		TA <sub>L</sub> S
6. The named):		ew registered agent (if changed) and /or registered officed	AY.
	1203 Governors Square Bl	vd., Suite 101	SEE FL
•	(P.O. Box or personal mailbox NOT acceptable)		
	Tallahassee, FL 32301-296	50	7 F.
The street as agent, as cho	ddress of its registered office anged will be identical.	and the street address of the business office of its regist	ered
Such change authorized t	was authorized by resolution by the board, or the corporation	n duly adopted by its board of directors or by an officer on has been notified in writing of the change.	so
~ ?./		Marlo Santiago, President	
	fileer, chairman or vice chairman of the boa		
perjormunci revistered a	e oj my aunes, ana 1 am jamii vent. Or. if this document is i	ered agent and agree to act in this capacity.  ons of all statutes relative to the proper and complete  lar with and accept the obligation of my position as  being filed merely to reflect a change in the registered  corporation has been notified in writing of this change.	
1.	pu_	5/9/07	
1	(Signature of Registered Agent)	(Date)	
2 2	ehalf of an entity:	4.40	
Terese Coul		Asst Secretary	
	(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