

PO2 0000 43679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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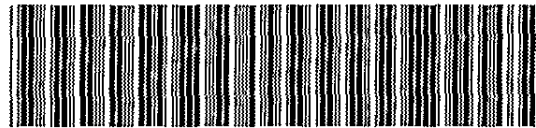
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Chang  
T. Lewis 3/20/03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISKTRACEY, INC.  
(Name of corporation)

DOCUMENT NUMBER: DO 20000 43679

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:

SUZIN PARKMAN  
(Name of person)

DISKTRACEY, INC.  
(Name of firm/company)

8840 NW 8TH ST.  
(Address)

PEMBROKE PINES, FL 33024  
(City/state and zip code)

For further information concerning this matter, please call:

SUZIN PARKMAN at ( 954 ) 663-8393  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Sec of State

**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: DISKTRACY, INC.
2. The principal office address: 8840 NW 8TH ST.  
POMERAKE PINES, FL 33024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/2002 Document number: PO2000043679

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated  
1000 West Avenue, Suite 1114  
Miami, Fla 33139

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

SUZIN PARKMAN  
8840 NW 8TH ST.  
(P.O. Box or personal mailbox NOT acceptable)  
POMERAKE PINES, FL 33024

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.

X Suzin Parkman  
(Signature of an officer, chairman or vice chairman of the board)

SUZIN PARKMAN (PRES.)  
(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.

X Suzin Parkman  
(Signature of Registered Agent)

2/21/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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