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(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	» #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: North Star Geomatics Inc. (Name of Corporation)
DOCUMENT NUMBER: PO2 0000 72218
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:
(Mame of Contact Person)
North Star Geometics Inc. (Firm/Company)
P.O. Box 2371 (Address)
Stuzit FL 34995 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person)  at (772) 781 6400 Ext 10  (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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: North Star Geom aties, Inc.	
2. The principal office address: 930 SE Central Parkway # 114	
Stuart FL 34994	
3. The mailing address (if different): P.O. Box 237/ Stuz-t Florida 34995	
4. Date of incorporation/qualification: Tuly 2, 2002 Document number: Po20000722	<u> </u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Gregory Fleming	
930 SE CENTIAL PARKWAY #114	
Stuart Florida 34994	
ASS 06	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1
Gregory Fleming SSE &	\$47F)
900 East Ocean Blud # 1400 =	П
Stuart Florida 34994 OR STATE OF	
Stoart Florida 34994 SH S	
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.	
(Speniature of an othicer or director)  Cregory S. Flenin, President (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 the 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.	e is e
Signature of Registered Agent) 3/4/06 (Date)	
If signing on behalf of an entity:	
Gregory S. Fleming (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*