## P03000031678

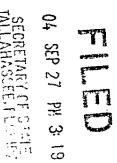
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10-5

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GOLD LEAF SYSTEMS INC (Name of corporation)
DOCUMENT NUMBER: P03000031678
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:
BILL READ (Name of contact person)
GOLD LEAF SYSTEMS (Firm/Company)
1840 FAIRBANKS AVE (Address)
LAKELAND FLORIDA 33805 (City/state and zip code)
For further information concerning this matter, please call:
LIBBY SUGGETT at (863 ) 688-9215  (Name of contact person) (Area code & day time 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 Pivision of Corporations Annendment Section Division of Corporations Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Tallahassee, FL 32399

## $_{\rm c}$ statement of change of registered office or registered agent or both for corporations

statement of cha	mge is submitted fo	ns 607.0502, 617.050 r a corporation organ stered office or regista	ized under the la	ws of the State of	FLORIDA	<del></del>
		OLD LEAF SYSTEMS	<b>4</b>			
2. The principal		O FAIRBANKS AVE				
3. The mailing a	address (if different)	):		-		
4. Date of incor	poration/qualification	on: 02/20/03	Document	number: P03000	0031678	
5. The name and		ne current registered a				
	RICHARD C MUF	RPHY JR	DP		<u> </u>	
	1840 FAIRBANKS	AVE			TASE OF	- CO
	LAKELAND FLO	RIDA 33805			SEP	
6. The name and (if changed):	d street address of the	ne new registered ager	it (if changed) an	d /or registered of	27 PM	
	BILL READ	PRESIDENT	w	· · · · · · · · · · · · · · · · · · ·		E
	1840 FAIRBANKS				<u> </u>	
	LAKELAND FLO	(P.O. Box NOT acceptable)				
-	ess of its registered be identical.	office and the street				nt,
authorized by the	he board, or the cor	solution duly adopted poration has been no	tified in writing	of the change.	n omicer so	
	tire of an officer or directo	<u> </u>	BILL READ	PRESIDENT	T files	_
I harahy accent	t the annointment a	s registered agent an provisions of all stat in and accept the obl reflect a change in th viting of this change.	d acres to act in	this canacity		nce his the
) Mg	gnature of Registered Age	att)	Sep	(Date)	Joop	-
If signing on be	chalf of an entity:					
	Typed or Printed Name)	······································				

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