

PD300071107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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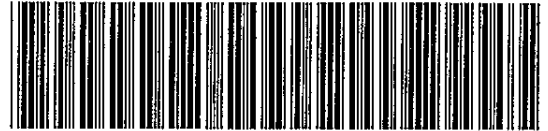
(Business Entity Name)

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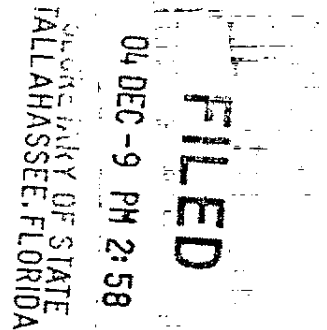
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BRUCE M. BOGIN\*  
 RANIER F. MUNNS  
 RULON D. MUNNS  
 BRIAN D. FORBES  
 TERENCE F. BRENNAN  
 PAMELA BOUNDS OLSEN\*\*  
 S. F. (BIPP) GODFREY, JR.\*\*  
 NANCY E. BRANDT  
 DANIEL W. BRODERSEN  
 JOSEPH N. LOTT  
 S. I. VALBITT  
 MARK A. CORNELIUS  
 MARY SHERRIS  
 JOHN W. BOLANOVICH†††  
 ROBERT E. BONE, JR.  
 HECTOR A. FELICIANOTT\*  
 BRIAN J. GILLIS  
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 CARL E. REYNOLDS  
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 ANDREA L. KLEMMEN  
 TEO MARRERO, JR.  
 PETE PLACENCIA  
 RYAN R. MUNNS  
 JOSEPH C. SHOEMAKER  
 SCOTT ZIRKLE  
 RICHARD L. TRUITT  
 JOSE L. BENSON  
 HENRY M. COOPER†††  
 JENNIFER E. GINTRON

OF COUNSEL  
 DAVID G. WILLIFORD  
 GLENN R. LEONG

\* RET-REG  
 \*\* ADMITTED TO TEXAS BAR  
 †† LL.M. TAXATION  
 ††† ADMITTED TO DISTRICT OF COLUMBIA  
 \*\*\* ADMITTED TO GEORGIA BAR  
 ††† NOT ADMITTED IN FLORIDA

# *Bogin, Munns & Munns* *Attorneys and Counselors at Law*

MAILING ADDRESS:  
 P.O. Box 2807  
 ORLANDO, FLORIDA 32802-2807

PHYSICAL ADDRESS:  
 2601 TECHNOLOGY DRIVE  
 ORLANDO, FLORIDA 32804  
 TELEPHONE (407) 578-1334  
 FAX LITIGATION & LABOR/EMPLOYMENT (407) 578-2801  
 FAX REAL ESTATE (407) 578-2347  
 FAX ALL OTHER DEPARTMENTS (407) 578-2181

## PERSONAL INJURY

CASE MANAGERS  
 DENNIS MURRAY  
 JOY G. ZURKIN  
 ANN KELLAR  
 CHRISTOPHER C. CARLOCK  
 BRETT CHASTAIN  
 BETTY FORD  
 SHERRY COCKINE  
 HOWARD L. SPROUSE  
 NORMA MICHAUD  
 CAROLE SPROUSE  
 JOSEPH R. CERRATO  
 PAUL T. FRANKOWSKI  
 ROBERT S. CHAPPELL

## LEGAL ASSISTANTS

FRANCINA BOYKIN  
 DEBBIE WINSETT

## REAL ESTATE

LEGAL ASSISTANTS  
 BECKY A. NEWMAN  
 ISIS GARCIA  
 DIANNA HUMPHREY

## LABOR

LINDA L. BURKE

December 7, 2004

Amendment Section  
 Division of Corporations  
 PO Box 6327  
 Tallahassee, Florida 32314

Re: **Microshield Systems, Inc.**  
 Our File #: 231607

Dear Sir or Madam:

Enclosed please find an appropriately executed Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporation as well as this firm's check #624229, made payable to the Department of State, for the amount of \$35.00, representing appropriate filing fees. Thank you for your attention to this matter. Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Sincerely yours,

  
 Terence F. Brennan

Enclosures

STV/djs  
 i:\tbrennan\lapotaire,j (microshield sys) 231607\corresp\dept of state - stmt of change of reg agent 120704.doc

## SATELLITE OFFICES

140 HIGHLAND AVENUE  
 CLERMONT, FLORIDA 34711  
 TELEPHONE (352) 243-8981  
 FAX (352) 243-8983

687 BEVILLE ROAD  
 SUITE A  
 SOUTH DAYTONA, FL 32119-1951  
 TELEPHONE (386) 753-2092

770 DELTONA BOULEVARD  
 SUITE C  
 DELTONA, FLORIDA 32725  
 TELEPHONE (386) 860-5200

720 JOHN YOUNG PARKWAY  
 FORMERLY NORTH BERMUDA AVENUE  
 KISSIMMEE, FLORIDA 34741  
 TELEPHONE (407) 870-1818

1300 CITIZENS BLVD.  
 SUITE 160  
 LEECSBURG, FLORIDA 34748  
 TELEPHONE (352) 728-3773

2215 S.E. FT. KING STREET  
 SUITE A  
 OCALA, FLORIDA 34471  
 TELEPHONE (352) 680-7400

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Microshield Systems, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000071107

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:

Terence F. Brennan, Esquire  
(Name of contact person)

Bogin Munns & Munns  
(Firm/Company)

2601 Technology Drive  
(Address)

Orlando, Florida 32804  
(City/state and zip code)

For further information concerning this matter, please call:

Terence F. Brennan, Esquire at ( 407 ) 578-1334  
(Name of contact 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

# 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: Microshield Systems, Inc.
2. The principal office address: 1170 Tree Swallow Drive, Suite 330, Winter Springs, Florida 32708
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: June 26, 2003 Document number: P03000071107

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

Mark Hignite  
249 McGregor Road  
Deland, Florida 32720

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

John Lapotaire  
1170 Tree Swallow Drive, Suite 330  
(P.O. Box NOT acceptable)  
Winter Springs, Florida 32720

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TALLAHASSEE, FLORIDA

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FILED

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.

\_\_\_\_\_  
(Signature of an officer or director) John Lapotaire  
(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.

\_\_\_\_\_  
(Signature of Registered Agent) 11/9/04  
(Date)

If signing on behalf of an entity:

Microshield Systems Inc.  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314