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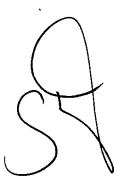


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COVER LETTER

Amendment Section Division of Corporations

TO:

Mikegyver Computer & Technology, Inc.
SUBJECT: (Name of corporation)
DOCUMENT NUMBER: P03000071932
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:
Michael Lee (Name of contact person)
Mikegyver Computer + tech. Inc (Firm/Company)
1329 Buccanser CT (Address)
Winter Park FC 32992 (City/state and zip code)
For further information concerning this matter, please call:
Michael Lee at 321 662 5291 (Name of contact person) at 321 662 5291
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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

statement of cha	provisions of sections (nge is submitted for a c r to change its register	corporation o	organized under th	he law.	s of the State of _	Florida		
	the corporation:		ed office or registered agent, or both, in the State of Florida. Mikegyver Computer & Technology, Inc.					
						Park, FL 32.	_	
3. The mailing a	ddress (if different):		1	•			_	
4. Date of incorp	poration/qualification:	July, 10	, 2 <i>0</i> 03 Docum	nent ni	umber: <u>PO30</u>	00007/932	_	
	I street address of the c tment of State: Michael	_				10 PM		
	4244	W. Fen	nessee S	? <i>+</i>	#185	2: 09 STATE FLORID		
		Tallahas	see F	L	32304	0M 9 -		
6. The name and (if changed):	street address of the n	•		ŕ	_	ice		
	1329 (P.	Buccanee O. Box NOT acce	eptable)		···	_		
	Winter	Park	F	FL -	32792	_		
The street addre as changed will	ess of its registered off be identical.	fice and the s	treet address of t	he bus	siness office of in	ts registered agent,		
Millet	as authorized by resolute board, or the corporate of an officer or director)	ution duly ad ration has be		_	irectors or by an f the change.	officer so		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refl s been notified in writi	egistered age ovisions of al and accept th ect a change ing of this ch	nt and agree to a l statutes relative e obligation of m in the registerea ange.	act in t e to the ly posi l'office	his capacity, e proper and con tion as registere e address, I here	nplete performance ed agent. Or, if this by confirm that the		
Mila	hu				07/03/06			
` •	gnature of Registered Agent) Chalf of an entity:				(Date)			
· •	Typed or Printed Name)							
	*	* * FILING	G FEE: \$35.00 *	* **				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)