P03000123142

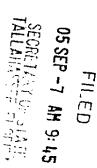
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer | |
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09/07/05--01012--010 **35.00



R.A. Charge

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|--------------------------|--|--|--|
| SUBJ | ECT: JACAD, Inc. (Name of corporation) | | |
| | (Hame of texperamen) | | |
| DOC | JMENT NUMBER: P03000123142 | | |
| The en | aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter to the following: | | |
| | · | | |
| | Cathy Johnson | | |
| (Name of contact person) | | | |
| | | | |
| | | | |
| | (Firm/Company) | | |
| | 40544 Facest Laba Delica | | |
| | 16514 Forest Lake Drive (Address) | | |
| | | | |
| | Tampa, FL 33624 | | |
| | (City/state and zip code) | | |
| For fur | ther information concerning this matter, please call: | | |
| Cathy | Johnson at (813) 962-4793 | | |
| Cauty | Johnson at (813) 962-4793 (Name of contact person) (Area code & daytime telephone number) | | |
| | | | |
| Enclose | ed is a \$35.00 check made payable to the Department of State. | | |
| | | | |
| | Mailing Address: Street Address: Amendment Section Amendment Section | | |
| | Division of Corporations P.O. Box 6327 Division of Corporations P.O. Box 6327 Division of Corporations P.O. Box 6327 | | |
| | Tallahassee, FL 32314 Tallahassee, FL 32399 | | |

CR2E045(6/04)

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 statement of change is submitted for a corporation organized under the least in order to change its registered office or registered agent, or both | aws of the State of Florida | |
|---|---|--|
| 1. The name of the corporation: JACAD, Inc. | | |
| 2. The principal office address: 16514 Forest Lake Drive, Tampa, FL 33 | 3624 | |
| 3. The mailing address (if different): Same as above. | | |
| 4. Date of incorporation/qualification: Oct. 31, 2003 Document | number: P03000123142 | |
| 5. The name and street address of the current registered agent and register Florida Department of State: | red office on file with the | |
| Jeffrey S. Koster, Esq. | *** | |
| 1901 North 13th Street, Suite 300 | <u> </u> | |
| Tampa, FL 33601 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| Cathy Johnson | | |
| 16514 Forest Lake Drive | | |
| (P.O. Box NOT acceptable) | 1.6 1.7 1.6 | |
| Tampa, FL 33624 | | |
| The street address of its registered office and the street address of the bas changed will be identical. | ousiness office of its registered agent, | |
| Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing | f directors or by an officer so g of the change. | |
| | on, President Finited or typed name and title) | |
| I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to of my duties, and I am familiar with and accept the obligation of my post document is being filed merely to reflect a change in the registered officerporation has been notified in writing of this change. | n this capacity. the proper and complete performance osition as registered agent. Or, if this ice address, I hereby confirm that the | |
| (Signature of Rogiftered Agent) | pt. 2. 2005 | |
| If signing on behalf of an entity: | | |
| (Typed or Printed Name) | | |

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