

PO4000038012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

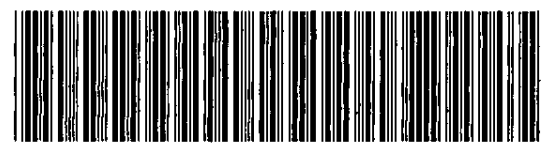
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-Chavez

SS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millennium Systems Design Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000038012

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:

Mike Barry
(Name of Contact Person)

Millennium Systems Design Inc.
(Firm/Company)

4403 Vineyard Rd Suite B3
(Address)

Orlando FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Barry at (407) 999-5233
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

The street address of its registered office and the street address of the business office
as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer
authorized by the board, or the corporation has been notified in writing of the change.

Mary Kaye Barry
(Printed or typed name and title)
Mary Kaye Barry
(Signature of an officer or director)
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
of my duties, and I am familiar with and accept the obligation of my position as registered agent
document is being filed merely to reflect a change in the registered office address. I hereby c
corporation has been notified in writing of this change.

2-21-08
(Date)

If signing on behalf of an entity:
Mike Barry
(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

CR2E045 (8/05)