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COVER LETTER

Amendment Section Division of Corporations
SUBJECT: Electronic Solutions of Orlando. (Name of Corporation)
DOCUMENT NUMBER: P04000104122
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:
Ana K Vavela (Name of Contact Person)
electronic Solutions of Orlando. (Firm/Company)
2328 Anhinga dy. (Address)
KISSIMMER, FL 34743 (City/State and Zip Code)
or further information concerning this matter, please call:
(Name of Contact Person) at (407) 7612666 (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

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

fursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this fatement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: electronic Solitions of Orlando 2. The principal office address: 2328 Anninga dr KISSIMMER, f 34743
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-13-2004 Document number: P04000104122
Florida Department of State: \[\textstyle{
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. The property of the change of the change. 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) If signing on behalf of an entity:
(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 CR2E045 (8/05)