

P04000106191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

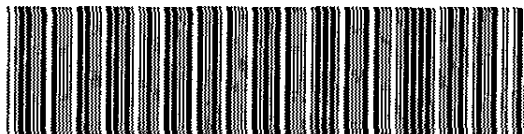
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sharon(Sean)Glickman
Advised to correct
New agent name...
corrected Agent inform
Name was legally changed to
Sean

Office Use Only

RA/RO/change
(14) 8/25/07



600106546756

08/02/07--01005--002 **35.00

FILED
SECRETARY OF STATE
07 AUG 22 PM 12:02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLIXIS CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000106191

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:

Sean Glickman
(Name of Contact Person)

GLIXIS CORP
(Firm/Company)

1224 TRIST LANE
(Address)

MAITLAND FL 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Glickman at (561) 4887766
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2007

SEAN GLICKMAN
GLIXUS CORP.
1224 TRUST LANE
MAITLAND, FL 32751

SUBJECT: GLIXUS CORP.
Ref. Number: P04000106191

We have received your document for GLIXUS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

The person signing the form is not the person listed as the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 407A00048848

**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: COLIXUS CORP.
2. The principal office address: 1224 TRUST LANE
MAITLAND FL 32757
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7.19.2004 Document number: P0422066191

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

Spiegel & Utrera, P.A.
1840 Southwest 22 St. 4th Floor
Miami, FL 33145

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

Sharon Clickman
1224 TRUST LANE
(P.O. Box NOT acceptable)
MAITLAND FL 32757

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
07 AUG 22 PM 12:02

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]
(Signature of an officer or director)

SHARON CLICKMAN PRESIDENT
(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]
(Signature of Registered Agent)

7-31-07
(Date)

If signing on behalf of an entity:

SHARON CLICKMAN
(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)