Po4000133385

(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corpora	tions		
SUBJECT: Stokely Techn	nologies Incorporated		
	(Name of Co	orporation)	~
DOCUMENT NUMBER:_	P04000133385	· · · · · · · · · · · · · · · · · · ·	_
The enclosed Statement of C	hange of Registered Office	/Agent and fee are submitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
Murray I	M. Stokely		
	(Name of Con	itact Person)	-
	(Firm/Co	mpany)	÷
777 W. N	Middlefield Rd. Apt 103		
	(Addr	ess)	
Mountair	View, CA 94043		
	(City/State an	d Zip Code)	
For further information con-	cerning this matter, please c	all:	
Murray M. Stokely	ontact Person)	at (510) 315-1116 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check	•		
An Di [.] P.C	niling Address: nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of change is sub	of sections 607.0502, 617.0502 mitted for a corporation organi e its registered office or registe	ized under the laws of	the State of Flori	da	
	ation: Stokely Technologies	·- · · ·			
2. The principal office add Jacksonville, FL 32	ress: 2850 Sweetholly Drives: 223	/e		<u> </u>	
3. The mailing address (if	different):		-		, -
4. Date of incorporation/qu	ualification: <u>09/23/2004</u>	Document numl	ber: P04000133	385	
5. The name and street add Florida Department of S	fress of the current registered ag	gent and registered of	fice on file with the	: :	a, r 140-4
M	urray Stokk	ey	. =		
	th Avenue Cir E		ALLA	€ 86	
Bradent	ton, FL 34208		HASS		<u> </u>
(if changed):	lress of the new registered agen	ِ ا	registered office		TI J
<u></u>	Murray stol	TLey		2	
2850 St	weetholly Drive	,		_	¥-
Jacksor	(P.O. Box NOT acceptable)			· · · ·	
The street address of its ras changed will be identiced	egistered office and the street cal.	address_of the busine	ess office of its reg	istered age	nt,
Such change was authorized by the board,	zed by resolution duly adopted or the corporation has been no	d by its board of directified in writing of the	ctors or by an offic te change.	er so	
Murray M Stokely III (Signature of agenticer or director) Murray M Stokely III (Printed or typed name and title)					
I hereby accept the appoi I further agree to comply of my duties, and I am far document is being filed m corporation has been not	intment as registered agent an with the provisions of all stats miliar with and accept the obl terely to reflect a change in th ifted in writing of this change.	d agree to act in this utes relative to the pi igation of my positio e registered office ac	capacity. roper and complete n as registered ago ldress, I hereby co	e performa ent. Or, if i nfirm that i	nce this the
My 14. Styl	Agent)	August 6,	2006 (Date)	·	
If signing on behalf of an		₹ - -	·,	••	F
Stokely Technologi (Typed or Prin	es Incorporated.	0.4 € 1±1	•	·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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