*P04630

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SECRETARY OF STATE
DIVISION OF CORPORATION

ń

COVER LETTER

SUBJECT: VIDEOTEL, INC. (Name of Corporation)					
Janice Null (Name of Contact Person)					
Incom Consissed Inc					
Incorp Services, Inc. (Firm/Company)					
375 N. Stephanie St., Suite 1411 (Address)					
Henderson, NV 89014-8909 (City/State and Zip Code)					
r)					
,					
Enclosed is a \$35.00 check made payable to the Department of State.					

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 unge is submitted for a corporation organized	d under the laws of the State of <u>Arizor</u>	na		
	er to change its registered office or registered	a ageni, or boin, in the Sidie of Florial	i.		
	the corporation: VIDEOTEL, INC.				
2. The principal	office address: 681 ANITA STREET, SUITE	E 104, CHULA VISTA, CA 91911			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 01/11/1985	Document number: P04630			
	d street address of the current registered agen rtment of State:	at and registered office on file with the	O N.S.		
	CT CORPORATION SYSTEM		9 AP		
	CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION ST. 20004				
	PLANTATION FL 33324		REST.		
6. The name and (if changed):	d street address of the new registered agent (i	if changed) and /or registered office	9: 27		
	Incorp Services, Inc.				
	17888 67th Court North				
	(P.O. Box NOT acceptable)				
	Loxahatchee, FL 33470				
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its regu	stered agent,		
Such change wanthorized by t	as authorized by resolution duly adopted be he board, or the corporation has been notifi	y its board of directors or by an officitied in writing of the change.	er so		
1		MARK SCHWE (Printed or typed name and title)			
	ure of an officer or director)				
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent and a to comply with the provisions of all statute nd I am familiar with and accept the obliga ing filed merely to reflect a change in the r s been notified in writing of this change.	ngree to act in this capacity. is relative to the proper and complete ition of my position as registered age registered office address, I hereby co	performance nt. Or, if this afirm that the		
Jane	ce full on behalf	4/9/09			
of Inco	ignature of Registered Agent) orp Services, Inc.	(Date)	•		
	ehalf of an entity:				
Janice Null o	n behalf of Incorp Services, Inc.				
(Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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