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## **Registered Agents Legal Services, LLC**

1220 N. Market St., Suite 806 Wilmington, DE 19801 FAX: 302-421-5753 PHONE: 302-427-6970 / 800-400-6650

April 25, 2007

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Shymoon Computers Network, Inc.

To Whom It May Concern:

Please file the attached document upon receipt. I have included a check to cover the filing fee. If there are any issues with the document please let me know.

If you have any questions I can be reached at 800.400.6650. Thank you.

Sincerely

Ryan Holzbaur

**Incorporation Specialist** 

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

in order to	wisions by sections corrected or regarded under the laws of the State of $\underline{F}$ is submitted for a corporation organized under the laws of the State of $\underline{F}$ o change its registered office or registered agent, or both, in the State of $F$ l	orida.	
1. The name of the	corporation: Shymoon Computers Network, Inc.		
2. The principal of	ffice address: 5174 Millenia Blvd., #201, Orlando, FL 32839		
3. The mailing add	dress (if different):		
4. Date of incorpo	oration/qualification: March 25, 2005 Document number: P050000	)45075	
	nd street address of the current registered agent and registered office on file wit artment of State:	th the	
	Jared F. Oliveira	. 7. 0	
	5174 Millenia Blvd. #201	O7 AI SEGI ALLI	e sunti
	Orlando, FL 32839	APR 30	0+cr
6. The name at (if changed)	nd street address of the new registered agent (if changed) and /or registered offi	ice E. P.	ľ
	Registered Agents Legal Services, LLC	2: 27 STATE LORIG	
	155 Office Plaza Drive, Suite A	A	
	(P.O. Box NOT acceptable) Tallahassee, FL 32301		
The street add	dress of its registered office and the street address of the business office of it	= ts registered agent,	,
•	was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	ı officer so	
1~	Jared F. Oliveira, President (Frinted or typed name and	in o	
of my duties, document is b	opt the appointment as registered agent and agree to act in this capacity is to comply with the provisions of all statutes relative to the proper and contained and familiar with and accept the obligation of my position as registered peing filed merely to reflect a change in the registered office address, I here has been notified in writing of this change.	•	e is e
Mu	Challey (Date)	<del></del>	
If signing on	behalf of an entity:		
Michael W.	Ashley		
<del></del>	(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)