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From:

Account Name : VASALLO SLOANE, P.L.

Account Number : I20100000003

Phone : (305)233-9066

Fax Number

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## REGISTERED AGENT CHANGE ADVANTAGE INTEGRATION TECHNOLOGY, INC.

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S. CONNELL MAY 2 4 2010

## H100001aa5363

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

statement of char	ge is submitted for a co	rporation organized	07,1508, or 617,1508, Flor under the laws of the State agent, or both, in the State	of Florida	
i. The name of th	e corporation: Advar	ntage Integrati	on Technology, Inc	3	
	office address: 7525 C orlda 32809	urrency Drive			
3. The mailing ac	kiress (if different):_Sa	me			
4. Date of incorp	oration/qualification;_	May 5, 2005	_ Document number:	P050000B8076	
	street address of the cur ment of State: (If resign		and registered office on fil	e with the	
	Jeremy S Sloane,	ESQ	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	420 S Orange Ave	nue Ste 1200		· SE	
	Orlando, Florida 3	2801 US			
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registere	d office	
	Jeremy S Sloane,	ESQ		— · · · · · · · · · · · · · · · · · · ·	
421 West Fairbanks Avenue, Suite 2					
	Winter Park, Florid	FO Box NOT acc la 32789		STA	
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 wa authorized by th	s authorized by resolu e board, or the corpora	ion duly adopted by Nion has been notifi	y its board of directors or t ed in writing of the chang	oy an officer so e.	
6/1	E of an other or director	·	Craig Peterser		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as rej a comply with the prov d I am familiar with an ng filed merely to refle been notified in writh	cistered agent and a distant of all statute ud accept the obliga of a change in the r ng of this change.	gree to act in this capacity s relative to the proper an ation of my position as regi egistered office address, I	y d complete performance lstered agent. Or, if this hereby confirm that the	
<u> </u>	nature of Registered Agent		34 MAN 3010	<u> </u>	
	half of an entity:				
<u>-</u>	yped or Printed Name	<del> </del>			
	4	* * FILING FEE	· ¢35 ftf + + +		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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