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	• "	· <u></u>	
	KwikByte Inc. 1602 Tawnyberry Ct. Trinity, FL 34655		
	(Address)		
	(City/State/Zip/Phone #		
PICK-UF	P WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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STATION AS SEED OF STATE
SATION AS SECOND AS

07/05/05--01037--015 **35.00

R.A. Change

C. Coulliste JUL 1 1 2005

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 St	atutes, the
undersigned corporation organized under the laws of the State of FLORIDA	 `
submits the following statement in order to change its registered office or registered agent, or b	oth, in the
State of Florida. 1. The name of the corporation is: KWIKBYTE INC.	
1. The name of the corporation is: NW LR UTTE INC.	
and the second s	<u>.</u>
2. The mailing address of the corporation is: 1602 TAWNYBERRY CT.	
TRINITY, FLORIBA 34655	F 11
3. Date of incorporation/qualification: 6/15/05 Document number: Po500	008658
4. The name and address of the current registered agent and office:	
UCC FILING + SEARCH SERVICES INC.	¥.
524 EAST PARK AVE	3 3
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	S 5 5
SHELLY AAMOLD	AH ED
	φ 20
1602 TAWNY BERRY CT.	8
TRINITY, EL 34655	
The street address of its registered office and the street address of the business office of its agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an or authorized by the board.	fficer so
\sim 100 \sim 1	- >
(Signature of an officer, chairman or vice chairman of the board) (Date)	
SHELLY ARMOUD 1 PRESIDENT	
SHELLY AAMOLD PRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above state corporation, I hereby accept the appointment as registered agent and agree to act in this call 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 of registered agent.	d apacity. lete as
8hin A 22 Hd 6/29/05	, .
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	-
(21g-2 or remote 1 mana) (Copacky)	

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