## P05000103a7a

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## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: RockSolid POS, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P05000103272	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Mundt	
(Name of Contact Person)	
RockSolid POS, Inc.	
(Firm/Company)	
3141 Fortune Way - Suite #15 (Address)	
Wellington, FL 33414-8789	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
David Mundt at (800 ) 588-5128 (Name of Contact Person) (Area Code & Daytime Telephone	
(Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building	
P.O. Box 6327 Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



May 23, 2006

DAVID MUNDT 3141 FORTUNE WAY STE 15 WELLINGTON, FL 33414-8789

SUBJECT: ROCKSOLID POS, INC.

Ref. Number: P05000103272

We have received your document for ROCKSOLID POS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Letter Number: 406A00036087

Tracy Smith Document Specialist

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

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	zed under the laws of the State of	· · · · · · · · · · · · · · · · · · ·
	r to change its registered office or register	red agent, or both, in the State of Flo	rida.
1. The name of t	he corporation: RockSolid POS, Inc.		
2. The principal	office address: 3141 Fortune Way - Suite	#15 Wellington, FL 33414-8789	· -· · · ·
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/25/2005	Document number: P05000103	3272
	street address of the current registered ag tment of State:	ent and registered office on file with	the
	CORPORATION SERVICE COM	PĄNY	
	1201 HAYS STREET		06 SE
	TALLAHASSEE FL 32301		6 JUN ECRET
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			LE 20 SSE
	David Mundt		PN 4: PF STA
	3141 Fortune Way - Suite #15	,	: 06 ATE RIDA
	(P.O. Box NOT acceptable) Wellington, FL 33414-8789		
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its r	registered agent,
Such change wa	s authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an of	fficer so
(Sign#te	e of to pincer or director)	Printed or typed name and title	$\overline{}$
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblig ng fited merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and compl cation of my position as registered o registered office address, I hereby	lete performance agent. Or, if this confirm that the
A Sie	nature of Registered Agent)	06/17/2006 (Date)	
	half of an entity:	(Daile)	
David Mundt			
(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 \* \* \*