

MAR. 6. 2008 12:29PM

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NO. 171

P. 1

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I200000000195

Phone : (850) 521-1000

Fax Number : (850) 558-1575

Kelly X2916

REGISTERED AGENT CHANGE

ROCKSOLID POS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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3608

PA Change

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

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROCKSOLID POS, INC.
2. The principal office address: 3141 Fortune Way, Suite 15, Wellington, FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/25/2005 Document number: P05000103272

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Mundt3141 Fortune Way, Suite 15Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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 was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Gordon P. Kushner, Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Sylvia Quappet
(Signature of Registered Agent)
Sylvia Quappet, Assistant VP

3/6/08
(Date)

If signing on behalf of an entity:

(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 32316 H08000058951 3

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