

P05000140796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

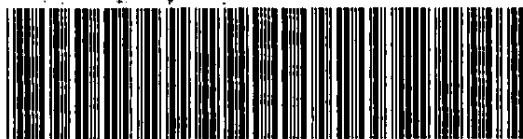
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*RALPH
6/28/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Step 2 Training Systems
Name of Corporation

DOCUMENT NUMBER: P050000140796

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:

Linda M Toggias
Name of Contact Person

Step 2 Training Systems
Firm/Company

9048 Whimbrel Watch Lane #201
Address

Naples, FL 34109
City/State and Zip Code

step2cst@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Toggias at (315) 727-1011
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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2010

LINDA M. TOGIAS
9048 WHIMBREL WATCH LANE #201
NAPLES, FL 34109

SUBJECT: STEP 2 TRAINING SYSTEMS INC.
Ref. Number: P05000140796

We have received your document for STEP 2 TRAINING SYSTEMS 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 010A00014731

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 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: Step 2 Training Systems Inc
- 2. The principal office address: 9048 Whimbrel Watch Lane #201
Naples, FL 34109
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/17/2005 Document number: P050000140796

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Linda M Togias - Registered Agent
9048 Whimbrel Watch Lane #201
Naples, FL 34109

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 SECRETARY OF STATE

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

Charles S. Togias
9048 Whimbrel Watch Lane #201
P.O. Box NOT acceptable
Naples, FL 34109

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.

Linda M. Togias
 Signature of an officer or director

LINDA M. TOGIAS
 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.

Charles S. Togias
 Signature of Registered Agent

6/8/10
 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 32314