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COVER LETTER

TO:	O: Amendment Section Division of Corporations		
SUBJ	UBJECT: EVERESTITSOLUTIONS, Inc (Name of Corporation)		
	• • •		
DOC	OCUMENT NUMBER: P06000035005		
The e	he enclosed Statement of Change of Registered Office/Agent and fee are submitte	d for filing.	
Please	ease return all correspondence concerning this matter to the following:		
	Chandra Nandineni		
(Name of Contact Person)			
	EVERESTITSOLUTIONS,Inc (Firm/Company)		
	5521 Hampton Woods Way (Address)	 .	
	Tallahassee, FL 32311		
For fi	(City/State and Zip Code) or further information concerning this matter, please call:		
Char	Chandra Nandineni at (850) 294-72 (Name of Contact Person) (Area Code & Daytim	98 le Telephone Number)	
Enclo	nclosed 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 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building Tallahassee, FL	oorations Center Circle	

TO:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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