P000008371

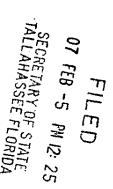
(Re	equestor's Name)			
(Ad	idress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
: (Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

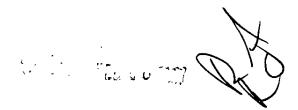
Office Use Only



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02/05/07--01038--015 **35.00





COVER LETTER

SUBJECT: COMPUTER SPECIALISTS OF A	AMERICA, INC.			
DOCUMENT NUMBER: P06000089371				
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter				
STANLEY E. POND, ESQ.				
(Name of Contact Person)				
LAW OFFICES OF STANLEY				
(Firm/Co	mpany)			
P.O. BOX 1076 (Addr	ass)			
(Addi	css)			
SANIBEL, FL 33957-1076				
(City/State and	d Zip Code)			
For further information concerning this matter, please ca	all:			
STANLEY E. POND, ESQ.	_at (_239) 472-4020			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departs	ment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of change	vovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ge is submitted for a corporation organized under the laws of the State of Fl to change its registered office or registered agent, or both, in the State of Flor	_ORIDA
	e corporation: COMPUTER SPECIALISTS OF AMERICA, INC.	
	ffice address: 4125 CLEVELAND AVENUE, K15, FORT MYERS, FL 33901	
	Tree address.	
3. The mailing add	dress (if different):	
4. Date of incorpor	ration/qualification: 7/5/2006 Document number: P06000089	9371
5. The name and si Florida Departm	treet address of the current registered agent and registered office on file with ment of State:	the
N	MANCINI, ESQ., C. RICHARD	
3	3080 TAMIAMI TRAIL EAST	
L	AW OFFICES OF TREISER, COLLINS & VERNON, NAPLES, FL 34412	T
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered office	₩ W T
<u> </u>	STANLEY E. POND, ESQ.	SSFF -5 -
5	509 LAGOON DRIVE	PH 12:
S	(P.O. Box NOT acceptable) SANIBEL, FL 33957	: 25
_	s of its registered office and the street address of the business office of its re identical.	egistered agent,
Shellon	authorized by resolution duly adopted by its board of directors or by an of board, or the corporation has been notified in writing of the change. SHELLY A. OSTERHOUT (Printed or typed name and title	
I hereby accept th I further agree to of my duties, and document is being	ne appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and comply is am familiar with and accept the obligation of my position as registered of filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	lete performance agent. Or, if this confirm that the
Strage	Feb. 1, 2007	
If signing on beha	of Registered Agent) (Date)	
(Тур	ped 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 * * *