## P06000106642

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	(Requestor's Name)	
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	(Document Number)	
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SECRETARY OF STATE
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## **COVER LETTER**

· TO:

Amendment Section Division of Corporations

SUBJECT:	1770 Solutions, Inc (Name of Corporation) 106000106642
DOCUMENT NUMBER:	106000106642
The enclosed Articles of Correction a	
Please return all correspondence conc	erning this matter to the following:
(Name of Contact Pers	Bennett On)
NiFrafill of (Firm/Company)	South Floride
3385 Latreshe	u Or
Deer Fild Beach (City/State and Zip Code)	, FL 33442
For further information concerning th	is matter, please call:
Greg Bannett	at (954) 9/3-0/73 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:
□\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	y \$\Bigcup \mathbb{\$\frac{1}{2}}\$52.50 Filing Fee, Certificate of Status & Certified Copy
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

## 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
1. The name of the corporation: Ditro Solutions Inc.
2. The principal office address: 1840 S. m.7.7mg Tray7
3. The mailing address (if different):
4. Date of incorporation/qualification: $8/16/66$ Document number: $96600166$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
FTA, Inc
1840 South MITHOUN THE &
1840 South Mittery Trans 8 The South West Polm Beach, FL 33415
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
$\mathcal{Q}$ .
13.385 Laheshere Dr.  (P.O. Box NOT acceptable)
Deer field Beach, FL 33442
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)  (Printed or typed name and title)
(Senature 61 an officer of director)  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.
10/2/06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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