P06000117739

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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Certified Copies	Certificates	of Status			
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: AEM Solutions, Inc.					
	(Name of Cor	poration)			
DOCUMENT NUMBER: P06000117739					
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:					
	/				
	David Shriver				
	(Name of Cont	act Person)			
	Perlman, Yevoli & Albright, P.L.				
	(Firm/Con	npany)			
	200 South Andrews Ave., Suite 6	000			
(Address)					
1 /	Fort content to FL 00004				
	Fort Lauderdale, FL 33301 (City/State and Zip Code)				
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ror iui	rther information concerning this matter, please ca	ш.			
David	Shriver	at (954) 566-7117 (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
Enclosed is a \$55.00 check made payable to the Department of Said.					
	Mailing Address	Street Address			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.050 Inge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of	Florida
1. The name of	the corporation: AEM Solutions, Inc.		
	office address: 219 LANDINGS BLVD.,	WESTON, FL 33327 US	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/12/2006	Document number: P0600	0117739
	d street address of the current registered a rtment of State:	gent and registered office on file v	vith the
	Perlman, Yevoli & Albright, P.L.		
	1500 N. Federal Hwy, Suite 25	0	
	Fort Lauderdale, FL 33304		
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	T S S
	(same as above)		SS C C
	200 South Andrews Ave., Suite		Pe ≅ m
	(P.O. Box NOT acceptable) Fort Lauderdale, FL 33301)	
_	ess of its registered office and the street be identical.		
Such change wathorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by a partified in writing of the change.	ın officer so
Home (Signate	ure of an officer or director)	Thomas Gionta, President	id title)
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change	nd agree to act in this capacity utes relative to the proper and co ligation of my position as registe te registered office address, I her	omplete performance red agent. Or, if this reby confirm that the
Della (si	Enture of Registered Agent)	June 30,	2008
	chalf of an entity:		
Edward T Yeu Jason E. Perl	oli, Vice – man , President		
	Typed or Printed Name)		

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