P0600013/215

(Requestor's Name)		
(Address)		
· ·		
(Address)		
- (City/State/Zip/Phone #)		
•		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Business Link) runney		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		
·		
·		

Office Use Only



300102197123

RA Change Thews

05/14/07--01005--003 **35.00

2007 HAY IL PH L: 33

COVER LETTER

TO: Ai	mendment Section ivision of Corporations			
SUBJECT: Matrix Technology Support Team (Name of Corporation)				
DOCUMI	ENT NUMBER: P06000131215			
The enclos	sed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.		
Please retu	urn all correspondence concerning this matter to the fo	llowing:		
	Omar David Izquierdo			
	(Name of Contact Pers	on)		
Matrix Technology Support Team (Firm/Company)				
3956 Town Center Blvd PMB 270 (Address)				
	Orlando, FL 32837 (City/State and Zip Co	de) ;		
For further information concerning this matter, please call:				
Omar Da	avid Izquierdo at (A) (Name of Contact Person)	07 451-2003 rea 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		

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Matrix Technology Support Team, Tnc
2. The principal of	ffice address: 3956 Town Center Blvd PMB 270, Orlando, FL 32837
·	
3. The mailing add	dress (if different): 3956 Town Center Blvd PMB 270, Orlando, FL 32837
4. Date of incorpor	ration/qualification: 10/13/2006 Document number: P06000131215
5. The name and st Florida Departm	treet address of the current registered agent and registered office on file with the nent of State:
· <u>V</u>	Manuel Alexander Suarez
_4	Manuel Alexander Suarez 1648 Aguila Place Orlando, FL 32826
<u>C</u>	Orlando, FL 32826
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered office
<u>(</u>	Omar David Izquierdo
<u>1</u>	3825 Osprey Links Rd Apt. 257
	(P.O. Box NOT acceptable)
_	Orlando, FL 32837
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Signature	Omar David Izquierdo - President Or an office or typed name and title)
I hereby accept th I further agree to of my duties, and document is being	the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance. I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change.
X (Signal	ture of Begistered Agent) 4/19/07
If signing on beha	
Hornel	Svarsing Sprinted Name)

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