## P0600152831

(Req	uestor's Name)	
(Add	ress)	
(Address)		
(City)	/State/Zip/Phone	e #)
(0.0).		,
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
		- Olditus
Special Instructions to Fi	iling Officer:	:
		İ
	·	

Office Use Only



000112757570

12/07/07--01008--003 \*\*35.00

OT DEC -7 PM 1:55

20/0/2/101

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: /NS/ECTEAM /NC. (Name of Corporation)	
DOCUMENT NUMBER: P06000/5283/	
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:	
BALBALH DENNIS (Name of Contact Person)	
(Name of Contact Person)	
LAIS POST TO LUC	
(Firm/Company)	
1706 S PARK AVE (Address)	
SANFOND FL 3377/ (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (904) 494-284 (Area Code & Daytime Telephone	e Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:  Street Address:  Amondment Section	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	

and the second s

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 **FLORISH** in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: /NSPECTERM /NC
2. The principal office address: 1706 5 PACK AVE
SANFORD FC 3377/  3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1/1/2007 Document number: P0600015283.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
9905-203 ST ANGISTINE B
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Balbala Denvis   170 6 S Palk Ave   170 6 S Palk A
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.  (Printed or typed name and title)
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 volified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

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