

P07000056620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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RAchange

8/02/10

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALNET SYSTEMS INC
Name of Corporation

DOCUMENT NUMBER: P07000056620

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:

MACIEJ T. KALINSKI
Name of Contact Person

ALNET SYSTEMS INC
Firm/Company

4400 N FEDERAL HWY SUITE # 409
Address

BOCA RATON FL33431
City/State and Zip Code

MK@ALNETSYSTEMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MACIEJ T KALINSKI at (561) 755-2127
Name of Contact Person Area 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**

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

1. The name of the corporation: ALNET SYSTEMS, INC.
2. The principal office address: 4400 N FEDERAL HWY SUITE # 409
BOCA RATON FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/06/2007 Document number: P07000056620
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BEBENEK TOM

4400 N FEDERAL HWY SUITE # 409

BOCA RATON FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MACIEJ T KALINSKI

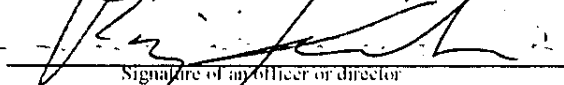
4400 N FEDERAL HWY SUITE # 409

P.O. Box NOT acceptable

BOCA RATON FL 33431

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.

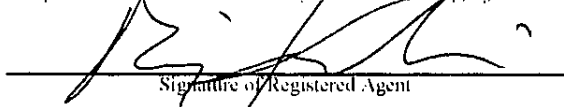


Signature of officer or director

Maciej T Kalinski President

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 notified in writing of this change.



Signature of Registered Agent

7/26/10

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