P07000065642

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
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Special Instructions to Filing Officer:

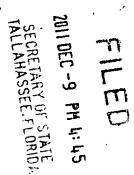
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RAChange

12/09/11--01008--009 **35.00



PP 9/11

COVER LETTER

CUD IECT.	Burrows Technolog	ay Cornoration	
SUBJECT:	Name of C	Corporation	<u></u>
DOCUMENT NUMBEI	R:P07	000065642	
The enclosed Statement of	f Change of Registered Offic	e/Agent and fee are submi	tted for filing.
Please return all correspo	ndence concerning this matte	r to the following:	
		Burrows ntact Person	4
		logy Corporation	
	142 Osprey Add	Hammock Tr Iress	
	Sanford, City/State a	FL 32771 nd Zip Code	
E-ma	pburrows@buril address: (to be used for f	rowscorp.com future annual report noti:	fication)
For further information co	oncerning this matter, please	call:	
	k Burrows	at (<u>407</u>) Area Code & Dayti	221-3513
Name of C	Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Depar	tment of State.	
Д Р	Mailing Address: Amendment Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: Burrows Technology Corporation
2. The principal	al office address: 142 Osprey Hammock Tr. Sanford, FL 32771
3. The mailing a	address (if different):
4. Date of incorp	prporation/qualification: 06/04/2007 Document number: P07000065642
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	THE LAW OFFICES OF NICK SPRADLIN, PLLC
	4001 WEST HENRY AVENUE. Suite 306
	TAMPA FL 33614
6. The name and (if changed):	4001 WEST HENRY AVENUE. Suite 306 TAMPA FL 33614 and street address of the new registered agent (if changed) and /or registered office Patrick Burrows
	Patrick Burrows
	142 Osprey Hammock Tr
	P.O. Box NOT acceptable
	Sanford, FL 32771
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
///	Patrick Burrows
ŭ	Printed or typed name and title of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ring filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
	12/6/2011
Sig	ignature of Registered Agent Date
If signing on be	sehalf of an entity:
T ₁	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)