P07000076944

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(Requestor's Name)			
(Address)			
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(Address)			
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(City/State/Zip/Phone #)			
<u></u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CCT: GeoCove, Inc. (Name of Co	rporation).
DOCU:	MENT NUMBER: <u>P07000076944</u>	
The end	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please r	return all correspondence concerning this matter t	o the following:
Saleem Tareen (Name of Contact Person)		
	(Name of Cont	act Person)
GeoCove, Inc.		
(Firm/Company)		
4700 Millenia Blvd., Suite 175 (Address)		
	(Addie	.ss <i>)</i>
	Orlando	El 32830
Orlando, FL 32839 (City/State and Zip Code)		
For furt	ther information concerning this matter, please ca	11:
	Saleem Tareen (Name of Contact Person)	at (407) 210-3925 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departm	nent 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: GeoCove, Inc.
2. The principal office address: 4700 Millenia Blvd., Suite 175, Orlando, FL 32839
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>July 09, 2007</u> Document number: <u>P07000076944</u>
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)
Saleem Tareen
507 N FEDERAL HWY, SUITE 34
LAKE WORTH, FL 33460
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Saleem Tareen
4700 Millenia Blvd., Suite 175
(P.O. Box NOT acceptable)
Orlando, FL 32839
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 or an other condinator) Saleem Tareen, Vice-President (Printed or typed name and tittle)
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) 12/05/2008 (Date)
If signing on behalf of an entity:
Saleem Tareen (Typed or Printed Name)

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