

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
SOLAMATRIX, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
11 FEB -1 AM 8:01
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TALLAHASSEE, FLORIDA

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2011 FEB -1 PM 12:12

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PA Chang
2-2-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLAMATRIX, INC.
Name of Corporation

DOCUMENT NUMBER: P08000018629

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:

CHRIS LAYNE
Name of Contact Person

SOLAMATRIX, INC.
Firm/Company

2630 FAIRFIELD AVENUE S.
Address

ST. PETERSBURG, FL 33712
City/State and Zip Code

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

For further information concerning this matter, please call:

CHRIS LAYNE at (727) 388-2117
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: SOLAMATRIX, INC.
2. The principal office address: 2630 FAIRFIELD, AVENUE SOUTH, ST. PETERSBURG, FL 33712
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/20/2008 Document number: P08000018629

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)

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD, SUITE 750
TAMPA, FL 33602 US

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

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
P.O. Box NOT acceptable
PLANTATION, FL 33324

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.

David A. Fletcher
Signature of an officer or director

DAVID FLETCHER, 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.

Chris McNear
Signature of Registered Agent

2/1/11
Date

If signing as Secretary or Assistant Secretary:

Chris McNear
Assistant Secretary
Type 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
CR2B045 (8/05)

2011 FEB - 1 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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