## Poque 17110

(Req	uestor's Name)		_
(Add	ress)		-
(Add	ress)		_
(City	/State/Zip/Phone	#)	-
PICK-UP	☐ WAIT	MAIL	: : !
(Bus	iness Entity Nam	ie)	-
· (Doc	ument Number)		-
Certified Copies	Certificates	of Status	_ ·
Special Instructions to F	iling Officer:		



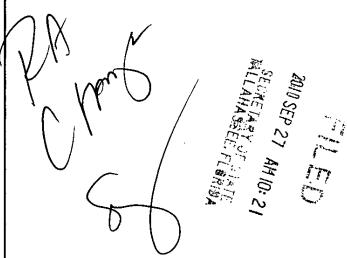
500185847685

. 16 9415

09/27/10--01048--004 \*\*35.00

Office Use Only

9,2810



## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
SUBJECT: AIS Home Computing, Inc.  Name of Corporation							
DOCL	JMENT NUMBER:	P09	000017110				
The en	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence con	ncerning this matte	r to the following:				
		Jason M. C Name of Co	Champagne ntact Person				
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	AIS Home Co Firm/Co	omputing, Inc.				
		320 S. Flan	ningo Road ress				
		Pembroke Pir City/State an	nes, FL 33027 nd Zip Code				
	ja E-mail address	sonc@aishome : (to be used for f	ecomputing.com uture annual report notif	ication)			
For fur	ther information concerning t	his matter, please	call:				
	Jason M. Champ	agne	at ( 954 ) Area Code & Daytir	646-6986			
	Name of Contact Per	son	Area Code & Daytin	ne Telephone Number			
Enclose	ed is a \$35.00 check made pa	yable to the Depart	tment of State.				
	<u>Mailing Ad</u> Amendmer	dress: nt Section	Street Address: Amendment Se	ction			

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a co	orporation organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of Florida	
1. The name of t	the corporation: AIS H	ome Computi	ng, Inc.		
2. The principal	office address: 320 s.	Flamingo Road,	Pembroke Pines, FL	33027	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	2-23-2009	Document number:	P09000017110	
	d street address of the curtiment of State: (If resign		t and registered office on f	ile with the	
	Jason M. Champa	gne			
	43 S. Pompano Pa	arkway, Suite 26	6		
	Pompano Beach, I	FL 33069			
6. The name and (if changed):	I street address of the new	w registered agent (i	f changed) and /or register	BUID SEP 27 SECRETARY ALLAHASSE	<b>#</b> .
	Jason M. Champa	gne		27	HE A.
	320 S. Flamingo R			AM IO.	المنا
	Pembroke Pines, F	P.O. Box NOT acc	eeptable	0: 21	
The street addre	ess of its registered office be identical.	ce and the street add	dress of the business offic	e of its registered agent,	
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so	
Jeson O Signatur	re of photocror or director		Jason M. Champa	agne, President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statute. d accept the obliga et a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. id complete performance istered agent. Or, if this hereby confirm that the	•
NADON C	hature of Registered Agent		09-24-2	2010	
•	•		Date		
Jas	con M. Champagne  yped or Printed Name				

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

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