## P09000022099

| (Requestor's Name)                      |  |
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| (Address)                               |  |
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| (Address)                               |  |
|   |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
|   |  |
| (Business Entity Name)                  |  |
|   |  |
| (Document Number)                       |  |
| Certified.Copies Certificates of Status |  |
| Consist leaders to Silver Office        |  |
| Special Instructions to Filing Officer: |  |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: To   | ecStop, Inc   |  |
| DOCUMENT NUMBER:  | P09000022099  |  |
| 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:                     |   |  |
|   | <u> </u>  |  |
| Na Na   | Michael Ruganis une of Contact Person                     |  |
|   | TecStop, Inc  |  |
|   | Firm/Company  |  |
|   |   |  |
| 5051 Castello Dr #44  |   |  |
| Address   |   |  |
|   |   |  |
| Naples Florida 34103  |   |  |
| Naples, Florida 34103 City/State and Zip Code   |   |  |
|   |   |  |
| mike@jmmicro.com  E-mail address: (to be used for future annual report notification)          |   |  |
| E-mail address. (to be used for future aimual report notification)                            |   |  |
| For further information concerning this matter, please call:                                  |   |  |
| Michael Ruganis   | at ( 239 ) 269-5174                                       |  |
| Name of Contact Person  | at ( 239 ) 269-5174  Area Code & Daytime Telephone Number |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |   |  |
| <u>Mailing Address:</u><br>Amendment Section  | Street Address:  Amendment Section                        |  |
| Amendment Section Division of Corpor  |   |  |
| P.O. Box 6327   | Clifton Building  |  |
| Tallahassee, FL 32  | 314 2661 Executive Center Circle                          |  |
|   | Tallahassee FI 32301                                      |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: TecStop, Inc 2. The principal office address: 5051 Casello Dr #44 Naples, Florida 34103 3. The mailing address (if different): Same 04/01/2009 4. Date of incorporation/qualification: Document number: 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) Ann Guididas 1550 13th Ave N Naples, Florida 34102 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Michael Ruganis 5051 Castello Dr #44 P.O. Box NOT acceptable Naples, Florida 34103 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. <u>Ann Guididas VP</u> Signature of an officer or director 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. 08/02/2009 Signature of Registered Agent If signing on behalf of an entity:

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

Typed or Printed Name