## P09000034779

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer;				

Office Use Only



600186235576

10/07/10--01012--005 \*\*35.00



Pachange 10/8/10

## **COVER LETTER**

TO: Amendment Sec Division of Cor	ction porations		
SUBJECT:	DATA2OOLS	S INC.	
50 <b>2</b> 011	Name of Co	rporation	
DOCUMENT NUMBE	ER:P090	00034779	
The enclosed Statement	of Change of Registered Office/	Agent and fee are submitted for file	ing.
Please return all corresp	ondence concerning this matter t	to the following:	
	BOGDAN G. ILIES	CU MIHAESCU	
	Name of Cont	act Person	
	DATA2OO		
	Firm/Cor	npany	
	2450 EMEDALD DOING	TE DD ADT #200 D	
	3450 EMERALD POINT		
	HOLLYWOOD, F	I ORIDA 33021	
<del></del>	City/State and	Zip Code	
	POCDANIC II IESCI	HACMAII COM	
E-m	BOGDAN.G.ILIESCI ail address: (to be used for fu	ture annual report notification)	
		,	
For further information	concerning this matter, please ca	di:	
BOGDAN G.	ILIESCU MIHAESCU	at ( 954 ) 854-	5912
Name of	Contact Person	Area Code & Daytime Teleph	ione Number
Enclosed is a \$35.00 che	eck made payable to the Departm	nent of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporation	18
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

TO:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flon organized under the laws of the State registered agent, or both, in the State	of_FLORIDA
1. The name of t	he corporation: DATA2OOLS	S INC.	
		D POINTE DR., APT. #209 B	
HOLLYWO	OOD, FLORIDA 33021		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: APRIL 2	0, 2009 Document number:	P09000034779
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file resigned)	e with the
	COSMIN ROS	SCA	
	5720 SW 115 T	TH AVE	
	COOPER CITY	′, FL. 33330	SCI TO
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	0CT - 7 PM 12:
	BOGDAN G. ILIESCU MIF	IAESCU	
	3450 EMERALD POINTE		
	HOLLYWOOD, FLORIDA	Box NOT acceptable 33021	
The street addre	ess of its registered office and the be identical.	street address of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a board, or the corporation has b	dopted by its board of directors or been notified in writing of the change	y an officer so
Signatus	JICSU re of an officer or director	CORINA E. ILIESCU Printed or typed name	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t g filed merely to reflect a chang been notified in writing of this c	eent and agree to act in this capacity all statutes relative to the proper and he obligation of my position as regis ee in the registered office address, I h hange.	I complete performance stered agent. Or, if this nereby confirm that the
	10/04/2010		010
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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