## P900039679

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## Gregory H. Fisher, P.A.



Attorney at Law

5520 First Avenue North, St. Petersburg Florida 33710-8006

Telephone: 727-344-5520 Facsimile: 727-381-2778 E-mail: fishlaw@gte.net Web Site: www.fishlaw.net

September 27, 2010

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Dependable Telecom Solutions, Inc.
Document Number P09000039679

Dear Sir or Madam:

We are filing herewith an Officer/Director Resignation for a Corporation as well as a Statement of Change of Registered Office or Registered Agent for Corporation. In addition a check in the sum of \$70.00 payable to the Department of State is being enclosed herewith representing the filing fee for the Resignation (\$35.00) and the filing fee for the Statement of Change of Registered Agent (\$35.00.) If anything further is needed, kindly advise. Thank you for your cooperation in this matter.

Sincerely,

Gregory H. Fisher

GHF:cdh Enclosures

## **COVER LETTER**

то:	O: Amendment Section Division of Corporations				
SUBJ	UBJECT: Dependable Telecom Solutions, Inc.  Name of Corporation				
DOC	OCUMENT NUMBER: P0900039679				
The e	he enclosed Statement of Change of Registered Office/Agent and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the following:					
	Gregory H. Fisher, Personal Rep Name of Contact Person	<u> </u>			
Attorney at Law Firm/Company					
5520 First Avenue North Address					
	St. Petersburg, Florida 33710  City/State and Zip Code  Mmonroe @ get ditsi, com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Gregory H. Fisher at (727)  Name of Contact Person Area Code & Daytime	344-5520 Telephone Number			
Enclo	inclosed 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 Corpo Clifton Building 2661 Executive Co	rations			

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State	of_Florida		
1. The name of	the corporation: Dependable Te	elecom Solutions, Inc.			
2. The principal	office address: 5448 Stag Thicket	t Lane			
Palm Hart	bor, Florida 34685				
3. The mailing a	address (if different): Same				
4. Date of incorp	poration/qualification:	Document number:	P09000039679		
5. The name and Florida Depar	d street address of the current registered rtment of State: (If resigned, enter resig	d agent and registered office on file gned)	e with the		
	Michelle Monroe		ALL SEC		
	5448 Stag Thicket Lane		SEP 29 CRETAR LABASS		
	Palm Harbor, Florida 34685		29 AH		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Michael Monroe				
	5448 Stag Thicket Lane				
	P.O. Box NOT acceptable				
	Palm Harbor, Florida 34685		<del></del>		
The street address changed will	ess of its registered office and the stre l be identical.	eet address of the business office	of its registered agent,		
Such change wanthorized by the	as authorized by resolution duly ador the board, or the corporation has been	nted by its board of directors or be notified in writing of the change	y an officer so		
Signatu	ure of an officer or director	Michael Honroe Printed or typed name	and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity tatutes relative to the proper and obligation of my position as regis the registered office address, I h ge.	complete performance tered agent. Or, if this tereby confirm that the		
En	now Ellow				
	gnature of Registered Agent ehalf of an entity:	Date			
Т	Typed 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 \* \* \*