

P110000084944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
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T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Data Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000084944

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:

David Slachter

Name of Contact Person

Cypress Data Services, Inc.

Firm/Company

1700 N.W. 49th Street, Suite 120

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

davids@cypressdataservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Slachter

Name of Contact Person

at (954) 453-5223

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

Cypress Data Services, Inc.
d/b/a
Cypress Lien Search
1700 N.W. 49th Street, Suite 120
Fort Lauderdale, Florida 33309
Direct Phone: (954) 453-5223
Fax: (866) 305-5430

July 16, 2013

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Statement of Change of Registered Office

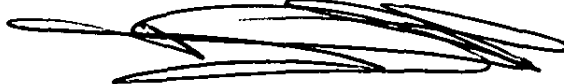
Dear Sir or Madam:

Enclosed please find the fully executed Statement of Change of Registered Office or Registered Agent or Both for Corporations along with our check number 3058 in the amount of \$35.00 to cover the cost of this filing.

Please process this document at your earliest convenience.

Naturally, if you have any questions or concerns regarding the enclosed documentation, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'DAVID SLACHTER', with a horizontal line drawn through it.

DAVID SLACHTER, J.D.
President/COO

DS/me
Enclosures
via Federal Express

**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: Cypress Data Services, Inc.
2. The principal office address: 1700 N.W. 49th Street, Suite 120
Fort Lauderdale, Florida 33309
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 09/28/2011 Document number: P11000084944
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)

David Slachter

1901 W. Cypress Creek Road, 3rd Floor

Fort Lauderdale, Florida 33309

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

David Slachter

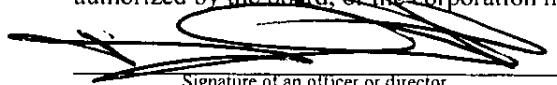
1700 N.W. 49th Street, Suite 120

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33309

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.


Signature of an officer or director

David Slachter, 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.


Signature of Registered Agent

7/16/13
Date

If signing on behalf of an entity:

David Slachter

Typed 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

CR2E045 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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