## F93000024229

CENTEC XXI, Inc.1257 Tasman Drive, Ste. ASunnyvale, CA 94089

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CORPORATION NAME(S)	& DOCUMENT NUMBER(S	), (if known):
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NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Other  OTHER FILINGS	Merger V. SHEPARD AUG 3 2005  REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement
	☐ Trademark V. SHEPARD 3 2008
	Ta Yaitiala

## 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	
the undersigned corporation organized under the laws of the State of Floresubmits the following statement in order to change its registered office or reg	
the State of Florida.	
1. The name of the corporation is: CENTEC-21, INCORPORATED	9
•	4
2. The mailing address of the corporation is: 621 Aloha Avenue	
Cocoa, FL 32927	
3. Date of incorporation/qualification: 03/29/1993 Document num	ıber: <u> </u>
4. The name and address of the current registered agent and office:	
Sullivan, Kathleen M	
9788 Whitehall Street	
Naples, FL 33942	
5. The name and address of the new registered agent and office: (P. O. Box No	t Acceptable)
Ms. Ann Roberson	<del></del>
621 Aloha Avenue	<del></del>
Cocoa, FL 32927	· · · · · · · · · · · · · · · · · · ·
The street address of its registered office and the street address of the busines agent, as changed, will be identical.	s office of its registered
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	ors or by an officer so
Tolome Marsad	July 14, 2000 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Roseanne Manshack V.P., Operations	-
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for corporation, I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of the provisions of all statutes.	the above stated to act in this capacity. Oper and complete of my position as
registered agent.	1.01.0
(Signature of Registered Agent) (Date)	18100
If signing on behalf of an entity:	
(Typed or Printed Name) (Capa	city)
* * * FILING FEE: \$35.00 * * *	
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DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE	, FL 32314