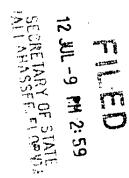
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(Re	questor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
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PAChange 07-13-12

COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
SUBJECT: S	UNCOAST COMPUTER Name of C	rechnologies, inc.	
DOCUMENT NU	MBER: P93	000044741	
The enclosed State	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Michael 、	l Faehner	
		ntact Person	
	M Faehne	r ESQ LLC	
	Firm/C		
	600 Bypass D	rive Suite 208	
	Add		
	Clearwater	, FL 33764	
	City/State a	nd Zip Code	
	mfaehner@m	fachper com	
_	E-mail address: (to be used for t	uture annual report notification)	
	(• • • • • • • • • • • • • • •		
For further information	ation concerning this matter, please	call:	
	Michael Faehner	at (727) 443 5190	
ÌVa	ine of Contact Person	at (727) 443 5190 Area Code & Daytime Telephone Number	er
Enclosed is a \$35.6	00 check made payable to the Depar	tment 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	

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

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: SUNCOAST COMPUTER TECHNOLOGIES, INC.
2. The principal office address: 13900 US HIGHWAY 19 N Suite A
CLEARWATER FL 33764 US
3. The mailing address (if different): 13900 US HIGHWAY 19 N Suite A CLEARWATER FL 33764 US
4. Date of incorporation/qualification: 06/24/1993 Document number: P93000044741
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)
Resigned
A TO THE REPORT OF THE PARTY OF
57. 9
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael J. Faehner, Esq.
600 Bypass Drive, Suite 208
P.O. Box NOT acceptable
Clearwater, FL 33764
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 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.
Wielen Jesten 7/6/12 Signature of Registered Agent 7/6/12
If signing on behalf of an entity:
Typed or Printed Name

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