## P9300015317

(Requestor's Name)
(Address)
(Address)
(Ch.(Ch.) 7:- (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000057263100

08/04/05--01005--019 \*\*35.00

D5 AUG -4 PH 1: 39
SECRETARY OF STATE



## **COVER LETTER**

	of Corporations	
SUBJECT:_	Metroscape Corporati	.on
	(Name of	corporation)
DOCUMENT N	UMBER:	
The enclosed Sta	tement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matte	er to the following:
	•	•
	John V. Colvi	n, Registered Agent
	(Name of co	ontact person)
	Mooney Colvin,	P.L.
_	(Firm/C	Company)
	20 N. Orange A	venue, Suite 1307
	(Ad	dress)
	Orlando, FL	32801
	*	and zip code)
For further inform	nation concerning this matter, please	call:
John V	. Colvin	at ( 407 ) 648-2889
1)	Name of contact person)	at (407) 648-2889 (Area code & daytime telephone number)
Enclosed is a \$35	5.00 check made payable to the Depar	rtment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 'STÅTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Metroscape Corporation
2. The principal offi	ce address: 500 Lake Avenue, Maitland, FL 32751
3. The mailing addr	ess (if different):
4. Date of incorpora	tion/qualification: 11/1/93 Document number: P93000075317
5. The name and stre Florida Departme	eet address of the current registered agent and registered office on file with the nt of State:
	John V. Colvin
	17 South Lake Avenue
	Orlando, FL 32801
6. The name and street (if changed):	John V. Colvin
	20 North Orange Avenue, Suite 1307 📆 🕏 🗇
	(P.O. Box NOT acceptable)  Orlando, FL 32801
The street address of as changed will be i	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
-6-6	an officer of director)  (Printed or typed name and title)
I hereby accept the I further agree to co of my duties, and I document is being f corporation has bee	appointment as registered agent and agree to act in this capacity, imply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this led merely to refirst a change in the registered office address, I hereby confirm that the n notified in writing of this change.  (Date)
f signing on behalf	of an entity:
(Typed	or Printed Name)

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