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Florida Department of State
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Division of Corporations
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From:

Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMONIDIS, P.A.
Account Number : 105204000476
Phone : (321)728-2800
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NEXCOM, INC.

FILED
03 JAN 13 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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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: Nexcom, Inc.
2. The principal office address: 4450 Enterprise Court, Suite H
Melbourne, FL 32934
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/05/1996 Document number: P96000001391

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

McCollough, Terry L.

126 E. Jefferson Street

Orlando, FL 32801

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

O'Brien, James M., Esq.

1686 W. Hibiscus Blvd.

(P.O. Box or personal mailbox NOT acceptable)

Melbourne, FL 32901

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) of the corporation has been notified in writing of the change.

(Signature of an officer, chairman, or vice chairman of the board)

Donald W. Leddin, Senior Vice 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)

01/13/2003

(Date)

If signing on behalf of an entity:

James M. O'Brien

(Typed or Printed Name)

President

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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