

P97000001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

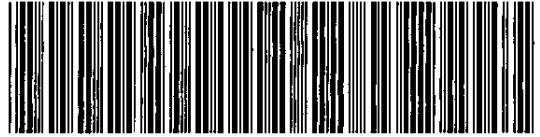
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUN -4 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 04 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2010

ANTONE MASSOUD
TAITECH CORP
1275 SAWGRASS CORP. PARKWAY
SUNRISE, FL 33323

SUBJECT: TAITECH CORP.
Ref. Number: P97000001055

We have received your document for TAITECH CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 610A00012681

REC-11 11:00
2010 JUN -4
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAITECH CORP.
Name of Corporation

DOCUMENT NUMBER: P97000001055

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:

ANTONE MASSOUD
Name of Contact Person

TAITECH CORP.
Firm/Company

1275 SAWGRASS CORP. PARKWAY
Address

SUNRISE, FL 33323
City/State and Zip Code

geoffdepass@deltaregent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONE MASSOUD at (954) 851-9991
Name of Contact Person 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

**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: TAITECH CORP.
2. The principal office address: 1275 SAWGRASS CORP. PARKWAY
SUNRISE, FLORIDA 33323
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/06/1997 Document number: P97000001055

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)

CFRA, LLC

4221 W. BOY SCOUT BLVD. 10TH FLOOR

TAMPA, FL 33607-5736

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

ANTONE MASSOUD

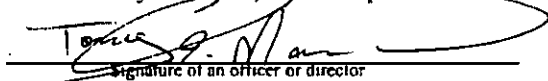
1275 SAWGRASS CORP. PARKWAY

P.O. Box NOT acceptable

SUNRISE, FL 33323

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.

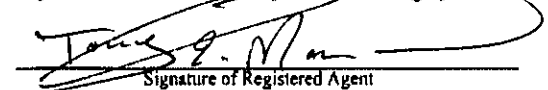


Signature of an officer or director

ANTONE MASSOUD - 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.



Signature of Registered Agent

5-10-2010

Date

If signing on behalf of an entity:

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 (8/05)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA