## P98000/10225

(F	Requestor's Name)	
(A	Address)	
(A)	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Nar	me)
(D	ocument Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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15 10/4/05 24/100

## **COVER LETTER**

Amendment Section

Division of Corporation	ns			
SUBJECT:	ABC Syst	tems, Ind		
	(Name	of Corporati	on)	<b></b>
DOCUMENT NUMBER:	P980000	016225		<del></del>
The enclosed Statement of Cha	inge of Registered C	Office/Agent	and fee are submitted for	filing.
Please return all correspondenc	e concerning this m	natter to the f	following:	
		n Beasley		
	(Name o	f Contact Pe	rson)	_
	(Fin	m/Company)	)	
	1 Oakwoo		Suite 200	<del></del>
	(	Address)		
		d, Florida		
<u> </u>	(City/Sta	ite and Zip C	Code)	
For further information concern	ning this matter, ple	ase call:		
Nikki Sepul	vado	at (	954 775-4978 Area Code & Daytime Te	
(Name of Conta	ct Person)	(	Area Code & Daytime Te	lephone Number)
Enclosed is a \$35.00 check made	de payable to the D	epartment of	State.	
Mailin	a Address		Street Address	

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

_	rovisions of sections 6 age is submitted for a c					
•	to change its registere			• -		
1. The name of th	ne corporation:	ABC	Systems, Inc.			
2. The principal of	office address:	1 Oakv	vood Blvd, Suit	te 200	<del></del>	
		Hollywo	ood, Florida 3	33020		
3. The mailing ad	ldress (if different):					
4. Date of incorpo	oration/qualification:	2/19/1998	Document	number: P98000	016225	
5. The name and Florida Departs	street address of the coment of State:	urrent registered a	ngent and register	ed office on file with	h the	
	······································	Shelby R. M	viims	·	•	
	10	akwood Blv	rd, Suite 200	0	· 2	
	Ho	oilywood, Fic	orida 33020		SEP	
6. The name and (if changed):	street address of the ne	ew registered age	nt (if changed) an	nd /or registered offi	- F : N	3
		Hugh Mc	New		. Po: -	= C
_	7	07 NE 195t	h Street		PALE	8
	(P.0	O. Box NOT acceptable	2)		>	1.
-	North I	Miami Beacl	n, Florida 3.	3179	-	
The street address as changed will be	ss of its registered off be identical.	ice and the street	address of the b	usiness office of its	s registered as	gent,
Such change was authorized by the	authorized by resolute board, or the corpor	tion duly adopte ation has been he	d by its board of otified in writing	directors or by an of the change.	officer so	
	e of an officer or director)	6	Brai	ndon Samuels	MR	<del></del>
	he appointment as re o comply with the pro il I am familiar with a g filed merely to refle been notified in writi	gistered agent an visions of all stat nd accept the obl ect a change in th ng of this change				iance f this it the
1 7	5	7	Se	eptember 15, 2	2005	
(Sign	nature of Registered Agent)			(Date)		
If signing on beh	alf of an entity:					
	gh McNew					
(Ту	ped or Printed Name)	* * * FILING FI	FF. <b>6</b> 25 An ± ± ±	•		
	-	" FILING FI	- " " UU.CCC 1433			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)