

P98000037971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

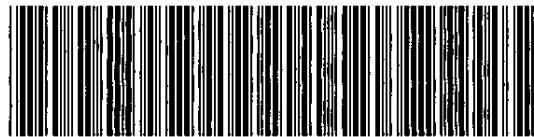
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAR -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOWLER, O'QUINN, FEENEY & SNEED P.A.

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

JAMES A. FOWLER *
MICHAEL A. O'QUINN, P.A.**
THOMAS C. FEENEY, P.A.
MARY L. SNEED, P.A.
MARSHA SEGAL-GEORGE

EMPIRE BUILDING
28 W. CENTRAL BLVD. 4th FLOOR
ORLANDO, FLORIDA
32801

TELEPHONE: (407) 425-2684
TELEFAX: (407) 425-2690
*Also admitted in Alaska and Illinois
**Also admitted in Georgia

March 4, 2010

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Registered Agent Changes

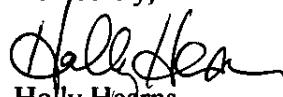
To Whom it May Concern:

Please find enclosed three (3) registered agent change requests and check # 1093 in the amount of \$85.00 to cover the filing fees for the same.

1. AVT, Inc. Registered Agent Change Form- \$35.00 Filing Fee
2. SimSTAFF Technical Services, LLC Registered Agent Form-\$25.00 Filing Fee
3. CATI Training Systems, LLC Registered Agent Change Form-\$25.00 Filing Fee

If you have any questions please do not hesitate to contact me.

Sincerely,



Holly Hearns

Assistant to Tom Feeney

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Applied Visual Technology, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000037971

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:

Tom Feeney
Name of Contact Person

Fowler, O'Quinn, Feeney & Sneed, P.A.
Firm/Company

28 W. Central Blvd., Suite 400
Address

Orlando, Florida 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Tom Feeney at (407) 425-2684
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: Applied Visual Technology, Inc.
2. The principal office address: 2603 Challenger Tech Court, Suite 180, Orlando, Florida 32826

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04.24.1998 Document number: P98000037971

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)

Karl A. Burgunder, Attorney at Law P.L.

830 Eyrle Drive, Suite 6C

Oviedo, Florida 32765

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

Tom Feeney

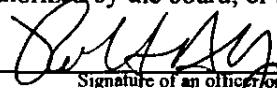
28 W. Central Blvd., Suite 400

P.O. Box NOT acceptable

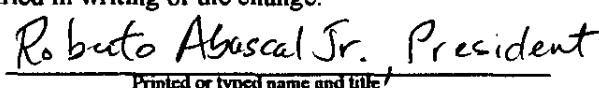
Orlando, Florida 32801

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.*



Signature of Registered Agent



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

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