P98000070630

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Styrelater Liph Holle II)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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C.COULLIETTE

EXAMINER

MAY 02 2011

COVER LETTER

TO: Amer Divisi	ndment Section ion of Corporations	`						
SUBJECT:_	LASAS Techi Name o	nologies, Inc. f Corporation	•					
DOCUMENT	T NUMBER: PS	98000070630	~					
The enclosed	Statement of Change of Registered Of	fice/Agent and fee are submitted for t	filing.					
Please return	all correspondence concerning this ma	tter to the following:						
	Bar	ry Miller Contact Person						
	Name of	Contact Person	_					
	1.4040 T							
	LASAS Technologies, Inc. Firm/Company							
	A IIII	Company						
	4495 Military Trail, Suite 207							
Address								
	Jupiter	; FL 33458	_					
City/State and Zip Code								
	barry@r	omone.com						
E-mail address: (to be used for future annual report notification)								
For further inf	formation concerning this matter, pleas	se call:						
	Barry Miller	at (561) 74°	1-4447					
_,	Name of Contact Person	at (561) 74° Area Code & Daytime Tele						
England is a	\$35.00 check made payable to the Dep	continuous of State						
Eliciosed is a .	333.00 check made payable to the Dep	bartifient of State.						
	Mailing Address:	Street Address:						
	Amendment Section	Amendment Section						
	Division of Corporations	Division of Corporation	ons					
	P.O. Box 6327	Clifton Building						
	Tallahassee, FL 32314	2661 Executive Cente						
		Tallahassee, FL 32301						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provision statement of change is sub-	bmitted for a corpord	ation organized		State of Florida	<u></u>		
1. The name of the corpor	ration: LASAS T	echnologie	es, Inc.				
2. The principal office add	·			33458			
3. The mailing address (if	'different):			 			
4. Date of incorporation/c	jualification: 8/	/10/1998	_ Document number:	P9800007	70630		
5. The name and street ad Florida Department of		-	and registered office	on file with the			
Stephe	en A. Taylor, Esc	٦	······				
11900	11900 Biscayne Boulevard Suite 280						
<u>Miami,</u>	FL 33181						
6. The name and street ad (if changed):	dress of the new reg	istered agent (if	changed) and /or regi	stered office			
Blank	& Meenan, P.A.						
204 Sc	204 South Monroe Street						
Tallah	P.O. Box NOT acceptable Tallahassee, FL 32301						
The street address of its as changed will be identified			ress of the business o	ffice of its registere	ed agent,		
Such change was authorized by the board,	zed by resolution d or the corporation l	uly adopted by has been notifie	its board of directorsed in writing of the ch	s or by an officer so nange.			
Signature of an office	eer or director	<u> </u>	Dacy Miles	Pessident Iname and title			
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed i corporation has been to	y with the provisions miliar with and acc nerely to reflect a c	s of all statutes cept the obligat hange in the re	relative to the prope ion of my position as	r and complete perf registered agent = ()r, II ₄this		
Swilly N.VI	lu		May 2, 2011	ASS	FILE -2		
//	gistered Agent		Dai	, · · C	P 1		
If signing on Vehalf of a	1 entity:			LOR	STAT		
Timothy J. Meenan				ŪΑ	77 		

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