## P98000074270

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DATA DURICATION SERVICES INC

(Name of corporation)

DOCUMENT NUMBER: P 980000 74270

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:

JOHN CLEEVELEY
(Name of person)

DATA DUPLICATION S ERVICES IN C
(Name of firm/company)

6210 ALC AMERICAN BLVD.

ORCANDO FL 32810

900008148499--1 -10/02/02--01017--003 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

(City/state and zip code)

For further information concerning this matter, please call:

JOHN CLEEVELEY at (407) 299 9929

(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

ROIRO Change

O2 OCT -2 PH 12: 55
SECRETARY OF STATE
TALLAHASSEE, FI ORINA

CR2E045(07/02)

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

of Florida.  1. The name of the corporation:_		DATA	DUPLIC	ATTON	5 (SR)	GRVICES (NO	
	l office address:	_	ALL	AMBRI		BLUD	
	ANDO		32810			1000	e Page
. The mailing	address (if differe	nt):				PARK F	1781 632
Date of incor	rporation/qualifica	tion: <b>3/9</b> 2	P Doc	ument number:	P980	00074	127
. The name an	d street address of artment of State:	the current regis	stered agent and re			the	
			CLEE! HORAGE				
			NY F	_		<u></u>	
i. The name a changed):	nd street address	of the new regis		nanged) and /oi	/	office (if	• •
	6210	(P.O. Box or personal	AWEN mailbox NOT acceptable	CAN	BLV	<b>&gt;</b>	
		ANDO	PL	3 5816	<u> </u>		
	ess of its registere ged will be identic as authorized by the he board, or the c						
Signature of an ordice	the board, or the c		JOHN		feve us		-,
hereby accept further agree	t the appointment to comply with th f mv duties, and I	as registered ag e provisions of a am familiar with	ent and agree to all statutes relative and accept the c	act in this capa e to the proper obligation of my	city. and comple position as	7	
egistered uger office address,	nt. Or, if this docu I hereby confirm	that the corpora	tion has been not	ect a change in ified in writing	of this char	reu ige. <u>L</u>	
	alf of an entity:				•		