

P98000084485

TO:

DIVISIONS OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL - 32314

900003252859--9

-05/15/00--01134--015

\*\*\*\*\*35.00 \*\*\*\*\*35.00

From:

FRONTIER SOLUTIONS INC,

10150 BELLE RIVE BLVD, # 2108

JACKSONVILLE, FL - 32256

Dear Sir/Madam,

We recently moved from Palmbeach Garden  
to Jacksonville. Please update your records

change my mailing address as indicated above.

Also I am herewith enclosing a "STATEMENT OF  
CHANGE OF RA". Following are some of the  
pertinent information.

Ref ID: 65-0867828

ENCLOSED: \$35 FEE

New Address:

10150 Belle Rive Blvd, # 2108

Jacksonville, FL - 32256

904-645-6450

Old Address

3412 Prim Rose Ct, # 204

Palm Beach Gardens, FL 33410

561-627-1075

Thanks

S. Vamsee mth  
(VAMSEE SRIKAKOLAPU) DIRECTOR

05/11/00

FILED

00 MAY 15 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P98000084485  
RACU 5-15-00  
20

**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,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation is: FRONTIER SOLUTIONS INC.,
2. The mailing address of the corporation is: 10150 BELLE RIVE BLVD, # 2108  
JACKSONVILLE, FL - 32256.
3. Date of incorporation/qualification: 09/28/98 Document number: P98000084485
4. The name and address of the current registered agent and office:

VAMSEE SRIKAKOLAPU  
3412 PRIMROSE CT # 204  
PALM BEACH GARDENS, FL - 33410

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

VAMSEE SRIKAKOLAPU  
10150 BELLE RIVE BLVD, # 2108  
JACKSONVILLE, FL 32256

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.

S. Vamsee Moten

(Signature of an officer, chairman or vice chairman of the board)

05/11/2000

(Date)

VAMSEE SRIKAKOLAPU / DIRECTOR

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated  
corporation, 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.

S. Vamsee Moten

(Signature of Registered Agent)

05/11/2000

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

FILED  
MAY 15 PM 1:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE