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(((H05000203572 3)))

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To

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : COMPUTAX USA INC. Account Number : 12000000254

Phone : (727)546-3335

Fax Number : (727)546-3365

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OS AUG 24 AM 8: 00

A. ISYON OF CONFIDENTION

## REGISTERED AGENT CHANGE

#### TRETT TRADING CORPORATION

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Certificate of S	tatus		0
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Corporate Filing

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#### H05000203572 3

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

	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz		
	r to change its registered office or register		
1. The name of t	he corporation: TRETT TRADING CORP	ORATION	
		IELLAS PARK FL 33781	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 01/15/1999	Document number: P99	9000002509
	street address of the current registered ago	ent and registered office on f	ile with the
	TRETT ALEXANDER		ASS ASS
	9323 HUNTINGTON PKWY		1000 1000
	TAMPA FL 33647		9: 20 FLORI
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or register	
	COMPUTAX USA INC		
	4378 PARK BLVD		
	(P.O. Box NOT acceptable)		
	PINELLAS PARK FL 33781		
The street addre	ss of its registered office and the street a be identical.	ddress of the business office	e of its registered agent,
Such change was authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or lifted in writing of the chang	by an officer so e.
	201	ALEXANDER TRETT	PRESIDENT
I hereby accent	the antifurtment as registered agent and	(Printed of typed name	•
I further agree to finy duties, and document is being corporation has	the appointment as registered agent and o comply with the provisions of all statut if an implication and accept the obligation of all statut if an implication in the best notified in writing of this change.	es relative to the proper an ation of my position as ree registered office address, I	d complete performance stered agent. Or, if this hereby confirm that the
/Sie	nature of Registered Agent)	03.24.2005 (Date)	-
If signing on bel	,	(matte)	•
ARTHUR POPE	NOA.		
- CT	yped 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