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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4000

From:

Account Name : FUZION WIRELESS COMMUNICATIONS, INC.

Account Number : I20000000228

Phone : (561)995-8480 Fax Number : (561)995-8481

REGISTERED AGENT CHANGE

FUZION TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A Change

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Corporate Filing

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10-23-00

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

Pursuant to the provisions of sections 607.0	502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under submits the following statement in order to ci the State of Florida.	the laws of the State of <u>Florida</u> hange its registered office or registered agent, or both, in
1. The name of the corporation : Fuzion Techno	ologies, Inc.
2. The mailing address of the corporation: 525	5 North Federal Highway, Suite 300, Boca Raton, FL 33487
3. Date of incorporation/qualification: August	31, 1999 Document number: P99000079105
4. The name and address of the current register	
Larry T. Schone	
5255 North Federal Highway, Sui	te 300
Boca Raton, FL 33487	SE! TAL
5. The name and address of the new registered (P. O. Be	agent (if changed) and/or registered office (if changed); ox Not Acceptable)
Douglas E. Gonano	
5255 North Federal Highway, Suit	te 300
Boca Raton, FL 33487	ORI 31
The street address of its registered office and agent, as changed, will be identical.	the street address of the business office of its registered
Such change was authorized by resolution dul authorized by the board.	y adopted by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman	0.4 00.000
DAVID L. FRANK, PRESIDENT	
(Printed or typed name and title) Having been named as registered agent and to corporation, I hereby accept the appointment I further agree to comply with the provisions of performance of my dufies, and I am familiar wregistered agent.	o accept service of process for the above stated as registered agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as
(Signature of Registered Agent)	October 20, 2000
If signing on behalf of an entity:	\ ,
DOUGLAS E. GONANO	REGISTERED AGENT
(Typed or Printed Name)	(Capacity)
* * * FILIN	G FEE: \$35.00 * * *
CR2E045(9/00)	
DIVISION OF CORPORATIONS P.O	P. Box 6327 TALLAHASSEE, FL. 32314

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TALLAHASSEE, FL 32314