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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : FUZION WIRELESS COMMUNICATIONS, INC.
Account Number : I20000000228
Phone : (561)995-8480
Fax Number : (561)995-8481

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

FUZION TECHNOLOGIES GROUP, INC.

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

RA chg
KRC 5/25

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Fax Audit # (((H01000068681 5)))

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 : Fuzion Technologies,Group, Inc.

2. The mailing address of the corporation : 5255 N. 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 registered agent and office:

Douglas E. Gonano
5255 N. Federal Highway, Suite 300
Boca Raton, FL 33487

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

David L. Frank
5255 N. Federal Highway, Suite 300
Boca Raton, FL 33487

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.

(Signature of an officer, chairman or vice chairman of the board) May 24, 2001 (Date)

David L. Frank, President
(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.

(Signature of Registered Agent) May 24, 2001 (Date)

If signing on behalf of an entity:

David L. Frank (Typed or Printed Name) Registered Agent (Capacity)

FAX AUDIT # (((H01000068681 5))) *** **FILING FEE: $35.00** ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314