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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendmer Division of	nt Section f Corporations						
SUBJECT: Systems Research Group, Inc. Name of Corporation							
	Tunio or c	or portation					
DOCUMENT NU	MBER:	S50213					
The enclosed States	ment of Change of Registered Offic	e/Agent and fee are submitted for	r filing.				
Please return all co	rrespondence concerning this matte	r to the following:					
	James	B. Beck					
•	Name of Co	ntact Person					
	Systems Research Group, Inc.						
	Firm/C	ompany					
		d Reagan Blvd.	_				
	Add	lress					
	Longwood City/State a	l, FL 32750 nd Zip Code	<u> </u>				
	City/State a	nd Zip Code					
	cjbennett@sy	rsresgrp.com					
_	cjbennett@sysresgrp.com E-mail address: (to be used for future annual report notification)						
For further informa	ation concerning this matter, please	call:	•				
	James B. Beck	at (407) 3	31-1122				
Nai	me of Contact Person	at (407) 3 Area Code & Daytime Te	lephone Number				
Enclosed is a \$35.0	00 check made payable to the Depar	rtment of State.					
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section	.•				
•	Division of Corporations	Division of Corpora	tions				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle				
	Tananassee, FL 32314	Tallahassee, FL 323					

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

statement of ch	provisions of sections 607.05 ange is submitted for a corpor er to change its registered offi	ation organized	d under the laws of the State o	f Florida	
1. The name of	the corporation: Systems	Research	Group, Inc.	, <u>-</u>	
2. The principa	l office address: 1150 N. Ro	onald Reaga	n Blvd.		
	Longwood	I, FL 32750			
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: Ma	ay 7, 1991	Document number:	S50213	
	d street address of the current artment of State: (If resigned, e		t and registered office on file	with the	
	James B. Beck		<u> </u>		
	3810 St. Johns Parkw	ay	- <u></u>		
	Sanford, FL 32771				
6. The name an (if changed):	d street address of the new reg	gistered agent (i	f changed) and /or registered	office	
	1150 N. Ronald Reaga	an Blvd.			
	Longwood, FL 32750				
		P.O. Box NOT acc	ceptable		
The street addr as changed wil	ress of its registered office an	d the street add	dress of the business office o	f its registered agent,	
Such change wanthorized by	vas authorized by resolution of the board, or the corporation	duly adopted by has been notifi	y its board of directors or by ed in writing of the change.	an officer so	
Signati	ure of an officer or director	<u></u>	James B. B		
I further agree of my duties, a document is be	t the appointment as register to comply with the provision nd I am familiar with and ac ting filed merely to reflect a c as been notified in writing of	is of all statute cept the obliga change in the r	agree to act in this capacity. Is relative to the proper and c tion of my position as registe egistered office address, I he	complete performance ered agent. Or, if this ereby confirm that the	
Si	gnature of Registered Agent		Date	B.o.	
If signing on b	ehalf of an entity:			10 FEB 2 SECRETA ILLAHAS	
	Typed or Printed Name			26 ARY I	
		FILING FEE: _			25
M	MAKE CHECKS PAYA MAIL TO: DIVISION OF CORPO		DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, F	FL 32314	

CR2E045 (8/05)