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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIN SELLIN

ACA9 DOB/B/

COVER LETTER

Amendment Section Division of Corporations TO: DOCUMENT NUMBER: $\sqrt{5/042}$ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of statement of change is submitted	ted for a corporation organi	zed under the laws of	the State of <u>Flo</u>	- ^
in order to change its	s registered office or register	red agent, or both, in	the State of Florida.	
1. The name of the corporation	.: Appropriat	e Techni	logy, Inc	•
2. The principal office address	= 2175 Lou	cel Rum?	Drive, O	cala, 17. 3447
3. The mailing address (if diff	erent):	· !		
	07-15-92	THE	15184	·
4. Date of incorporation/quali	fication: 1 - 27	Document numb	per: <u>FET 59</u> -	-3140158
5. The name and street address Florida Department of State		ent and registered off	ice on file with the	
San	we Milla	of Bagge	#	
454	55.E. 134	Sheet		. **
Qca	la, A. 344	7/		7 0
6. The name and street addres (if changed):	s of the new registered agen	t (if changed) and /or	registered office	SECRET
Sam	wel Millara	Bagget	4	ASSI ASSI
2175	P.O. Box NOT acceptable)	un Dri	ve_	E S
Oca	(P.O. Box NOI acceptable)	74471		: 05
The street address of its regis as changed will be identical.	stered office and the street	address of the busine	ss office of its regist	ered agent,
Such change was authorized authorized by the board, or the		•		
Squared M. S	2 00 -	Somue M	. ا	Sec-Trass,
I hereby accept the appoint I further agree to comply wit of my duties, and I am famili document is being filed mere corporation has been notified	vent as registered agent and the provisions of all statt ar with and accept the obli ly to reflect a change in the d in writing of this change.	d agree to act in this ites relative to the pr gation of my position registered office ad	capacity, oper and complete p i as registered agent dress, I hereby confi	erformance Or, if this irm that the
Signature of Register	regist	0/-23	Date)	
If signing on behalf of an ent	iity:	1		
<u> </u>			Fig. 4	and the second
(Typed or Printed N	iame)	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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