## P10000045004

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R.A

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## **COVER LETTER**

Division of Corpo	on rations		
SUBJECT:	S2SYS I		
	Name of Co	orporation	
DOCUMENT NUMBER	:P100	000045004	
	Change of Registered Office		itted for filing.
Please return all correspon	dence concerning this matter	to the following:	
	SAMBIT K. E Name of Con		
	Name of Con	tact I cison	
	S2SYS		
<del></del>	Firm/Co	mpany	
	8513 TIDA		
	Addr	ress	
	TAMPA, F	FL 33635	
·	City/State an	d Zip Code	
	sambitkbanerjee		
E-mail	address: (to be used for fi	iture annual report not	ification)
For further information co	ncerning this matter, please c	all:	
SAMBIT K	A. BANERJEE	at ( 813 )	892-9424
Name of Co	ontact Person	Area Code & Day	ime Telephone Number
Enclosed is a \$35.00 check	made payable to the Departi	ment of State.	
Ā	ailing Address: mendment Section	Street Address Amendment S	Section
	ivision of Corporations O. Box 6327	Division of C Clifton Build	•
	allahassee, FL 32314		ve Center Circle

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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Sic ange is submitted for a corporation organized under the laws of the State of <u>Fl</u> ler to change its registered office or registered agent, or both, in the State of Flo	LORIDA
	the corporation: S2SYS INC.  I office address: 8513 TIDAL BAY LN, TAMPA, FL 33635	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/25/2010 Document number: P1	0000045004
	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the
	BUSINESS FILINGS INCORPORATED	
	1203 GOVERNORS SQUARE BLVD, SUITE 101	
	TALLAHASSEE FL 32301-2960	7A S
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	126 TARY TARY
	8513 TIDAL BAY LN, TAMPA, FL 33635 P.O. Box NOT acceptable	OF STATE
The street address changed will	ress of its registered office and the street address of the business office of its l be identical.	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an othe board, or the corporation has been notified in writing of the change.	officer so
Signatur Signatur	SAMBIT K. BANERJEE, D. Printed or typed name and title	DIRECTOR
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compnut I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	lete performance agent. Or, if this confirm that the
Sambit	Tr. Barrie 01/23/2011	
Sig	gnature of Registered AgenV Date	
If signing on be	ehalf of an entity:	
T	Typed 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 CR2E045 (8/05)