

PO1000050807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

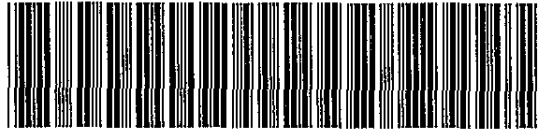
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/23/05--01003--003 **35.00

RA Change

05 SEP 22 PM 4:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 22 PM 3:54
RECEIVED
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TALLAHASSEE, FLORIDA

*File
9/23/05*

**00789, 00524, 00672*

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Volusia Securities Inc

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation *Change* _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: *AW* _____

9/22 _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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 : VALUSIA SECURITIES INC.

2. The mailing address of the corporation : Dama De Noche 1,
29640 FUENGIROLA / LOS PAGOS, MALAGA SPAIN

3. Date of incorporation/qualification: 22.5.2001 Document number: PO1000050807

4. The name and address of the current registered agent and office:
Capital Connection, Inc
417 E Virginia St. Suite 1 32301
PO Box 10349 Tallahassee, FL 32309

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)
Capital Connection, Inc
417 E. Virginia St., Suite 1
Tallahassee FL 32301

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer, chairman or vice chairman of the board)

9.15.2005
(Date)

Anne Mikkonen Director
(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.

Leilani White
(Signature of Registered Agent)

9/22/05
(Date)

If signing on behalf of an entity:
Leilani White
(Typed or Printed Name)

Representative
(Capacity)

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