

# PD2000085672

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
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## REGISTERED AGENT CHANGE

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12/06 16:10  
2050383  
00:00:43  
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OK  
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TIME : 12/06/2006 16:11  
NAME : CT CORP  
FAX : 8502227615  
TEL : 8502221892  
SER.# : BR0H3J606151

TRANSMISSION VERIFICATION REPORT

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: 1stPalm Financial, Inc.
2. The principal office address: 6675 Corporate Center Parkway, Suite 340  
Jacksonville Florida 32216
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 09.07.2002 Document number: P02000085672
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE. STE 3000  
MIAMI, FL 33131

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.

[Signature] A.R. Maackey  
(Signature of an officer or director) (Signature of authorized person)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Anthony Lausi  
(Signature of Registered Agent)

Anthony Lausi  
Vice President

If signing on behalf of an entity:

12-6-06

(Typed or Printed Name)

(Date)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 627, TALLAHASSEE, FL 32314

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