P06000005720

(Requestor's Name)			
(Address)			
(Addiess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
(,			
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SECRETARY OF STATE VALIAHASSEF, ELORIO

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Key Contact Call Center Inc Name of Corporation)				
DOCUMENT NUMBER: P06000005720				
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:				
Brian D. Officer (Name of Contact Per	son)			
Cypress Financials Inc (Firm/Company)				
1300 S. Lake Howard Dr. Suite #404 (Address)				
Winter Haven, FL 33880				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Brian D. Officer at (A) (Name of Contact Person)	Area Code & Daytime Telephone Number)			
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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, a zed under the laws of the State of Florida red agent, or both, in the State of Florida.	this	
1. The name of t	the corporation: Key Contact Call Center	Inc		
	office address: 1300 S. Lake Howard Dr. en, FL 33880	Suite #404		
3. The mailing a				
4. Date of incorp	poration/qualification: 11Jan06	Document number: P0600005720		
	I street address of the current registered ag trment of State:	gent and registered office on file with the		
	Corporation Service Company		OG NOV	
	1201 Hays Street		ON I	
	Tallahassee, FL 32301		7 A	
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	F STATE FLORID	
	Brian D. Officer	_	P	
	1300 S. Lake Howard Dr. Suite			
	(P.O. Box NOT acceptable) Winter Haven, FL 33880			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registe	red agent,	
		by its board of directors or by an officer stiffed in writing of the change.		
Bream	D. Hica - President	Brian D. Officer President		
of my duties, and document is bei	the appointment as registered agent an to comply with the provisions of all statt ad I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	utes relative to the proper and complete pe igation of my position as registered agent. e registered office address, I hereby confir	erformance Or, if this m that the	
Brian A) si	gnature of Registered Agent)	14Nov06 (Date)		
If signing on be	chalf of an entity:			

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