

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cash Exchange, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000095165

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:

Michael Antoun
Name of Contact Person

Firm/Company

320 S Flamingo Rd #294
Address

Pembroke Pines, FL 33027
City/State and Zip Code

Michael_Antoun@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Antoun at (561) 376-8572
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

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: Cash Exchange, Inc
- 2. The principal office address: 320 S Flamingo Rd #294 Pembroke Pines, FL 33027
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/22/2008 Document number: P08000095165
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Antoun
2065 SW 117 Ave
Miramar, FL 33025

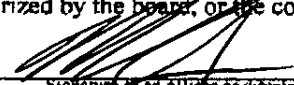
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michele Koscielniak CPA LLC
9491 Savannah Estates Drive
P.O. Box NOT acceptable
Lake Worth, FL 33467

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 NOV 10 PM 2:01
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 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.

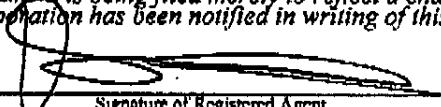
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

 Michael Antoun
Printed or typed name and title

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.



Signature of Registered Agent

 10/28/2010
Date

If signing on behalf of an entity:

Michele K Sheerahamed
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