F050005229

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

3110



200119768732

03/10/08--01017--002 ++35.00

2008 MAR 10 PM 1: 20 SECRETARY OF STATE TAILAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HOLLANDER FINANCIAL HOLE (Name of Corpora	DING, INC.
DOCUMENT NUMBER: F05000005229	·
The enclosed Statement of Change of Registered Office/Ager	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Sarah Gibson (Name of Contact P	erson)
Incorp Services, Inc. (Firm/Company)	y)
3155 E. Patrick Lane, Ste. 1 (Address)	
Las Vegas, NV 89120 (City/State and Zip	Code)
For further information concerning this matter, please call:	
Sarah Gibson at (Name of Contact Person)	702) 866-2500 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	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	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of California der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: HOLLANDER FINANCIAL HOLDING, INC.	
	val office address: 1291 N. INDIAN HILL BLVD. CLAREMONT CA 91711 US	
3. The mailing :	g address (if different):	
4. Date of incor	prporation/qualification: 09/02/2005 Document number: F05000005229	
	and street address of the current registered agent and registered office on file with the partment of State:	
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US	
	Zina Zina Zina	
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office	
	Incorp Services, Inc.	<u>.</u>
	17888 67th Court North	
	(P.O. Box NOT acceptable) Loxahatchee, FL 33470	
The street addr	dress of its registered office and the street address of the business office of its registered agent, ill be identical.	
Such change w authorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
NW	mature of aproficer or invector (Printed or typed name and title)	SIDI
I hereby accepi I further agree of my duties, a document is be corporation ha	pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the last been notified in writing of this change.	
A Hy Incor If signing on b	Signature of Registered Agent) Obate) Date)	
	n on behalf of Incorp Services, Inc. (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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