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DEPARTMENT OF STATE DIVISION OF CURPORATION

RA. Chore C.COULLIETTE

DEC 0 9 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 80,69 7673908

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : November 26, 2008

ORDER TIME : 10:03 AM

ORDER NO. : 806694-009

CUSTOMER NO: 7673908

CHANGE OF AGENT

NAME: HARD DOLLAR CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

CERTIFIED COPY
PLAIN STAMPED COPY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of \underline{De}	laware
	he corporation: HARD DOLLAR C	•	
2. The principal	office address: 9977 N 90th St., Ste	200, Scottsdale, AZ 85258	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/27/2006	Document number: F060000	04429
	street address of the current registered agestment of State:	ent and registered office on file with t	he
	C T Corporation System		
	1200 South Pine Island Road		.⊢ °_
	Plantation, FL 33324		OBIC SECE
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	RETARY AHASSE
	Corporation Service Company		
	1201 Hays Street		FAT ORI
	(P.O. Box NOT acceptable)		DA E
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business office of its re	egistered agent,
Such change wa	as authorized by resolution duly adopted to board, or the corporation has been noti	by its board of directors or by an officed in writing of the change.	ficer so
Marie Cul		Maureen Cullen, Attorney	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the obligng filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity. es relative to the proper and comple ation of my position as registered a registered office address, I hereby o	
	oration Service Company December 3, 2008		
(Sig	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	ppet, Asst. VP		
Γ)	'yped or Printed Name) * * * FILING FEE	°• ¢25 00 * * *	
	TILIII PEL	7. 422.00	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)