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(Re	equestor's Name)				
(Ac	Idress)				
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(Ci	ty/State/Zip/Phon	e #)			
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(Business Entity Name)					
(Document Number)					
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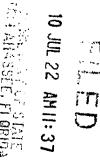
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PA Roch



VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: WESTERN MONEY SYSTEMS, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

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

statement of cha	ange is submitted for a co	orporation organized	607.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the State	e of NEVADA	
1. The name of	the corporation: WES	TERN MONE	Y SYSTEMS, INC.		
•					
4. Date of incor	poration/qualification:	09/20/2006	Document number:	F06000006027	
	d street address of the cur rtment of State: (If resign		nt and registered office on fi	ile with the	
	CHAPMAN, J. STA	ANLEY, THE EC	QUELS LAW FIRM		
	660 EAST JEFFERSON ST				
	TALLAHASSEE FL 32301 US				
6. The name and (if changed):	REGISTERED AG		if changed) and /or registere	ed office 10 JUL 22	
	155 OFFICE PLAZ	ZA DR., SUITE A		3 3	
	TALLAHASSEE, F		сериине	—————————————————————————————————————	
•			dress of the business office		
Signah	ire of an officer or director		y its board of directors or lied in writing of the chang	Officer + Divector	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle ss been notified in writin	ristered agent and c visions of all statute ad accept the obliga ct a change in the r g of this change.	agree to act in this capacit is relative to the proper an ition of my position as reg registered office address, I	'y. id complete performance istered agent. Or, if this 'hereby confirm that the	
Jannif	gnature of Registered Agent	-	7/9/2 Date	010	
If signing on bo	ehalf of an entity:				
JENNIFER	ESCOBEDO. ASS	T. SEC.			

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

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

Typed or Printed Name