F0700000563

| (Re | equestor's Name) | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations SUBJECT: SPARTA COMMERCIAL SERVICES, INC. (Name of Corporation) DOCUMENT NUMBER: F07000005563 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: Janice Null (Name of Contact Person) Incorp Services, Inc. (Firm/Company) 375 N. Stephanie St., Suite 1411 (Address) Henderson, NV 89014-8909 (City/State and Zip Code) For further information concerning this matter, please call: Janice Null (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

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 State statement of change is submitted for a corporation organized under the laws of the State of Ne | | |
|---|--|----------------------------|
| in order to change its registered office or registered agent, or both, in the State of Flori | | |
| 1. The name of the corporation: SPARTA COMMERCIAL SERVICES, INC. | | |
| 2. The principal office address: 462 SEVENTH AVE, 20TH FLOOR | | |
| NEW YORK NY 10018 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 11/09/2007 Document number: F0700000 |)5563 | |
| 5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: | he | |
| CORPORATION SERVICE COMPANY | | 9 |
| 1201 HAYS STREET | S 80 | SECR VISION |
| TALLAHASSEE FL 32301-2525 | 08 SEP 29 | ETAR) |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | 9 PH 3: | ED / OF STAT ORPORAT |
| Incorp Services, Inc. | 2 | SKO E |
| 17888 67th Court North | | |
| (P.O. Box NOT acceptable) Loxahatchee, FL 33470 | • | |
| The street address of its registered office and the street address of the business office of its ras changed will be identical. | egistered ag | ent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change. | ficer so | |
| (Signature of alrofficer or director) Anthony W. Adl (Printed of types name and title | er, Trei | <u>as</u> urer |
| 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 completed of my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. | ete perform igent. Or, i confirm tha | ance f this t the |
| Signature of Registered Agent) Incorp Services, Inc. (Date) | ···· | _ |
| If signing on behalf of an entity: | | |
| Janice Wull on behalf of Incorp Services, Inc. (Typed or Printed Name) | | |

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