F95000002131

Requester's Name		-
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STARKMAN &		
MAGOLNICK NationsBank Tower		7000030741972. -12/17/9901076013
100 Southeast 2nd Street, 37th Floor		*****35.00 *****35.00
Miami, Florida 33131		
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☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
☐ Profit	☐ Amendment	
Not for Profit	_	A., Officer/Director
☐ Limited Liability	Change of Register	
Domestication	Dissolution/Withda	rawal
Other		
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	☐ Foreign	
Fictitious Name	Limited Partnershi	D a
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Examiner's Initials

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, the undersigned corporation organized under the laws of the State of DELAWARE
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida
1. The name of the corporation is: CASH SOLUTION INC.
2. The mailing address of the corporation is: 509 w. 49th Street, Hickah, FL 33c:2
3. Date of incorporation/qualification: MAY 1, 1995 Document number: F9500000013
4. The name and address of the current registered agent and office:
JOEL S. MAGOLNICK
150 W. FLAGUER STSUITE 2701 全部 日本
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
JOEL S. MAGOLNICK
100 S.E. 2nd St 37th Floor
MIAM: FL 3313)
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 (Signature of an officer, chairman of the board) (Date)
Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314