

F9800000 6682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

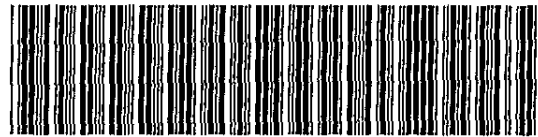
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RO Change
10.5.04
10



900041201859

09/27/04--01018--015 **35.00

FILED
04 SEP 27 PM 3:09
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BETRAGE INC.
(Name of corporation)

DOCUMENT NUMBER: F98000006682

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:

MICHAEL S. NEWMAN
(Name of contact person)

BETRAGE INC.
(Firm/Company)

100 SOUTH PARK BLVD. STE. 400
(Address)

ST. AUGUSTINE, FL 32086
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL S. NEWMAN at (904) 808-0656 (EXT. 104)
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 SEP 27 PM 3:09
TALLAHASSEE, FLORIDA

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BITRAGE INC.

2. The principal office address: 100 SOUTH PARK BLVD., STE 400 ST. AUGUSTINE, FL 32086

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/09/1998 Document number: F98000006682

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: MICHAEL S. NEWMAN c/o HOLLAND & KNIGHT LLP, ATTN JAMES MAIN 50 N LAURA ST., STE 3900 JACKSONVILLE, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MICHAEL S. NEWMAN 100 SOUTH PARK BLVD., STE 400 (P.O. Box NOT acceptable) ST. AUGUSTINE, FL 32086

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, or the corporation has been notified in writing of the change.

Michael Newman CFO MICHAEL S. NEWMAN, CFO (Signature of officer) (Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael Newman 9-24-04 (Signature of Registered Agent) (Date)

If signing on behalf of an entity: MICHAEL S. NEWMAN (Typed or Printed Name)

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

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

FILED 04 SEP 27 PM 3:09 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA