F9900005045

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SECRETARY OF STATE INLLARIASSEE, FLORIDA

PR 104



ACCOUNT NO. : 072100000032

REFERENCE : 085561 7294880

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 15, 2004

ORDER TIME : 11:53 AM

ORDER NO. : 085561-075

CUSTOMER NO: 7294880

CUSTOMER: Ms. Tonya Scott

Fifteen Group Llc

8th Floor

1680 Michigan Avenue Miami Beach, FL 33139

CHANGE OF AGENT

NAME: SOGGY DOLLAR MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SOGGY DOLLAR MANAGEMENT, INC.
	office address: 1680 Michigan Ave., 8th Floor, Miami Beach, FL 33139
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/30/1999 Document number: F99000005045
5. The name and	street address of the current registered agent and registered office on file with the tment of State:
	Ian Sanders
:	1680 Michigan Ave., 8th Floor
	Miami Beach, FL 33139
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic.
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
•	Tallahassee, FL 32301
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signath)	Torus Sort, Asst. Controller (Printed or typed name and title)
l juriner agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By Jenn	nature of Registered Agent) (Date)
	Geldof, Asst. VP
	ped or Printed Name)

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