## F99000005531



ACCOUNT NO.

072100000032

REFERENCE

642291

7155110

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: June 27, 2002

ORDER TIME: 10:52 AM

ORDER NO. : 642291-550

CUSTOMER NO:

7155110

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

OZ JUL -1 PH 3:55

## CHANGE OF AGENT

900006138529--1

NAME:

TAX SERVICES OF AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

C. Coulliste JUL 0 1 2002

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

	e provisions of sections 607.0502, 617.050		orida Statutes,
	d corporation organized under the laws of t lowing statement in order to change its reg		ent, or both, in
the State of Flo	orida.		92 SE
1. The name of	the corporation:		
TAX SERVI	CES OF AMERICA, INC.		
2. The mailing	address of the corporation:		SEC - F
1 Campus	Dr., 3rd Floor - Legal Dept., Parsipp	any, NJ 07054	
3. Date of inco	orporation/qualification: 10/25/1999	Document number: F990	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
4. The name ar	nd address of the current registered agent an	d office:	- ω
	C T Corporation System		· #
	1200 South Pine Island Road	-	
	Plantation, FL 33324		
5. The name ar	nd address of the new registered agent (if che (P. O. Box Not Acc		(if changed):
	Corporation Service Company		2
	1201 Hays Street		·
	Tallahassee, Florida 32301		
agent, as chang	ress of its registered office and the street a ged, will be identical.		
Such change vauthorized by	was authorized by resolution duly adopted l	by its board of directors or by a	n officer so
M	alule Culle	06/24/2002	
(Šignatur	e of an officer, chairman or vice chairman of the board)	(Date)	
Maureen Culle	n, Attorney-in-Fact		
Corporation, I	(Printed or typed name and title) named as registered agent and to accept se hereby accept the appointment as register to comply with the provisions of all status of my duties, and I am familiar with and accept ont.	ea ageni ana agree to act in in tes relative to the proper and c	is capacity. omplete
_Jour_	Graccardo	06/24/2002	<u> </u>
	(Signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		
Lou Giaccard	O . (Typed or Printed Name)	Asst. Vice President (Capacity)	
÷	* * * FII INC FFF. \$	35 00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS