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## **COVER LETTER**

| TO:   | : Amendment Section Division of Corporations                               |   |  |
|---|--|---|--|
| SUBJ  | BJECT: Presidential Financial Corporation of Florida (Name of Corporation) |   |  |
| DOCU  | CUMENT NUMBER: H01946  |   |  |
|   | e enclosed Statement of Change of Registered Office/Agent and fee a        | re submitted for filing.  |  |
| Please                                      | ase return all correspondence concerning this matter to the following      | :   |  |
|   | Neal A. Sivyer, Esq. (Name of Contact Person)                              |   |  |
| Sivyer Barlow & Watson, P.A. (Firm/Company) |  |   |  |
|   | 401 East Jackson Street, Suite 2225 (Address)                              |   |  |
|   | Tampa, FL 33602  |   |  |
|   | (City/State and Zip Code)  |   |  |
| For fu                                      | further information concerning this matter, please call:                   |   |  |
| Neal  | (Name of Contact Person) at (813) (Area Cod                                | 221-4242<br>e & Daytime Telephone Number)   |  |
| Enclos                                      | closed is a \$35.00 check made payable to the Department of State.         |   |  |
|   | Division of Corporations P.O. Box 6327 Clifto Tallahassee, FL 32314 2661   | Address: dment Section on of Corporations n Building Executive Center Circle nassee, FL 32301 |  |

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA ir to change its registered office or registered agent, or both, in the State of Florida.  |
|---|--|
| 1. The name of  | the corporation: PRESIDENTIAL FINANCIAL CORPORATION OF FLORIDA   |
|   | office address: 3505 E. FRONTAGE ROAD SUITE 100 TAMPA FL 33607 US  |
| 3. The mailing a  | ddress (if different):   |
| 4. Date of incorp   | poration/qualification: 05/02/1984 Document number: H01946   |
|   | d street address of the current registered agent and registered office on file with the nament of State:   |
|   | SIVYER, NEAL   |
|   | 100 S ASHLEY DR SUITE 2150   |
|   | TAMPA, FL 33602  |
| 6. The name and (if changed):   | TAMPA, FL 33602  A HASSET OF STATE OF S |
|   | SIVYER, NEAL FS 50   |
|   | 401 E. JACKSON STREET SUITE 2225  (P.O. Box NOT acceptable)  |
|   | TAMPA, FL. 33602   |
| The street address changed will   | ess of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was authorized by   | as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.   |
|   | Sury F. Paulos C20 (Printed or typed Hame and title)   |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered agent and agree to act in this capacity. to 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 ng filed merely to reflect a change in the registered office address, I hereby confirm that the seem notified in writing of this change.  |
|   | 5/14/07  |
| •   | half of an entity:  (Date)   |
|   |  |
| (1  | Typed or Printed Name)   |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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