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A PROFESSIONAL ASSOCIATION
149 SOUTH RIDGEWOOD AVENUE
Suite 500
DAYTONA BEACH, FLORIDA 32114

SECRETARY OF STATE TALLAH TOPETABLE TALLAH TOPETABLE TALLAH TOPETABLE TOPETA

TELEPHONE (386) 258-1222 FACSIMILE (386) 271-1110

August 18, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

PayOne, LLC

Dear Sirs:

Enclosed for filing is Statement of Change for the above limited liability company together with our check for \$25.00.

Sincerely,

Robert Abraham

Robert alaban

RA:cm Enclosures SH043

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the f	sections 608.416	or 608.508	, Florida Stat to change its r	utes, t eoiste	he unde	rsigr	led limited registered
agent, or both, in the State of Fi	orida.		_		WG 23		
1. The name of the limited liab	ility company is:	PayOne,	LLO				
2. The mailing address of the li	mited liability cor	npany is : _	T/	ALLA	E IARY HASSEE	ur S . F <u>L</u>	IATE ORINA .
739 Buena Vista Avenue, O	rmond Beach, F	lorida 3217	74	ليد	4		
June 18, 2004		L04000046318					
3. Date of filing/registration in		4. Document number					
5. The name of the registered ag Florida Department of State:	ent and the regist	ered office a	ddress as show	vn on 1	the reco	rds o	f the
<u>-</u>	poration Service	Company					
Name 1201 Hays Street							
		Address		_			
Talle —	ahassee, Florida City. S	State and Zi	2				•
6. The name and address of the	<u>-</u>		•				
	ard F. McGonni						
	N	lame					
	Johns Place			_			
Flor	ida street address	(P.O. Box N	NOT acceptable	e)			
Orm	ond Beach	FL 32176	·				
	City, St	ate and Zip					
If the limited liability company is confirmed that after the change and the business office of the repliability company, it is hereby contained the menators of the limited liability operating agreement of the limited liability of the limited liability.	or changes are ma gistered agent will onfirmed that the	ide, the Flor I be identica change(s) w	ida street addre l. Or, in the ca as/were author provided in the	ess of t ase of a ized b	the regis a Florid v an affi	tered a limi rmat	office ited ive vote of
Biguature of a member of authorized repr	esentative of a member)	1	•			
Richard F. Mcgonnigal			!				
(Printed or typed name of signee)		_	_				
I hereby accept the appointmen comply with the provisions of all and I am familiar with and gece Chapter 608, F.S. Gr. if this do address, I hereby confirm that the	t as registered ag I statutes relative of the obligations cument is being fi ne limited liability	ent and agre to the prope of my posit led to merel company h	ee to act in this er and complete ion as registere y reflect a chai as been notifie	capac e perfo ed age nge in d in w	city. I fi ormance nt as pro the regi riting of	irthei of m ovide stere this	r agree to ry duties, id for in d office change.
(Signature of Registered Agent)			•				
V Division of C	orporations, P.C). Box 6327	, Tallahassee,	FL 32	2314		

FILING FEE: \$25.00

INHS18(10/99)