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	ACCOUNT NO.	: 0721000000)32		
	REFERENCE	: 637508	7478467		
	AUTHORIZATION	: Smell of	ena		
	COST LIMIT	: \$25.00			
ORDER DATE :	December 4, 2006		,		
ORDER TIME :	11:11 AM				
ORDER NO. :	637508-540				
CUSTOMER NO:	7478467				
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NAME:	NEWTEK TAX SEI	RVICES, LLC		JAN 10 PM 2: 24 CRETARY OF STATE LAHASSEE, FLORIDA	The state of the s
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:		
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CONTACT PERSO	N: Doreen Wallace	3			

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is	s: NEWTEK	TAX SERVICES, LLC	<u> </u>
2. The mailing address of	the limited liability of	company is:		•
2500 North Military Trail, #45	50, Boca Raton, FL 33431	l		
June 17, 2003			M03000001949	
			4. Document nu	mber
5. The name of the register Florida Department of S		istered offic	e address as shown	on the records of the
		Corporation Sy	stem	
		Name		7200 TAS
	1200 5	South Pine Island	l Road	
Address				
Plantation, FL 33324 City, State and Zip				SSE
6. The name and address of	•		•	2007 JAN 10 PM 2: 24 SECRETARY OF STATE TALLAHASSEE, FLORID
Corporation Service Company				72 24 72 24
Name 1201 Hays Street				
	Florida street addre			
	I lolled blioot deele	DD (1 .O. DO)	. Tro I deceptation	
	Tallahassee	FL	32301	
	City,	State and Z	p	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit of the operating agreement (Signature of a member or authority)	nange or changes are to the registered agent were the registered agent were that the companies of the limited liability companies of the limited liability.	made, the Fl will be ident ne change(s) y or as other ity company	orida street address ical. Or, in the case was/were authorize	s of the registered office e of a Florida limited ed by an affirmative vote
Maureen Cullen, Attorney In F	act			
(Printed or typed name of signee)			-	
Michelee	Rlanne	<u> </u>		apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.
(Signature of Registered Agent)	Michelle R. Vannoy, Asst.	. V ice Presider	ıt	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00