

FEB 01 2007 4:33 PM FR HOLLAND & KNIGHT
Division of CorporationsTO 2227548880500000 P.01
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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

VALUE PAY SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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TO 22275#888050#030 P.02

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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 limited liability company is: Value Pay Services LLC
2. The mailing address of the limited liability company is: 9200 South Dadeland Boulevard,
Suite 705, Miami, FL 33156
3. Date of filing/registration in Florida February 27, 2006
4. Document number M06000001207

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Carman Wenkoff c/o IPC

9200 S. Dadeland Boulevard, Suite 705

Miami, FL 33156

City, State and Zip

6. The name and address of the new registered agent and/or office:

Intrastate Registered Agent Corporation

701 Brickell Avenue, Suite 3000

Florida street address (P.O. Box NOT acceptable)

Miami FL 33131

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Carman Wenkoff, President

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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