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Terra Management Sircs Sinc (David M. Felice) (Requestor's Name) 4809 Ehelich Rd.	
(Address) suite by Tampa, b) 38624 (Address)	100209354731
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/27/1101007005 **3
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	ALLAUASSEE, FLORID
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Berkford Place Homeswise Ason, Inc.	
2. The principal office address: 4809 Ehrlish Bood, Ste 104	
Tampa, FL 33Le24	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5/13/2003 Document number: Not0000 Head	3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Melrose - Sovereign Companies	
Metrose - Sovereign Companies	
and the control of t	
Palm Harbor, FL 34L83	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Tellow Devila III	
Terra Management Services, Inc. 19	
4809 Ehrlich Road, Ste. 104 P.O. Box NOT acceptable	
Tampa, FL 33le24	
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Our Signature of an officer or director Printed or typed name and title	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Suprayure of Registered Agent Date	
If signing on behalf of an entity:	
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 * * *