

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : **Delaware Escrow Co.**
Account Number : I19990000056
Phone : (208) 622-7503
Fax Number : (208) 622-7967

REGISTERED AGENT CHANGE

JUDGMENT HELP SPECIALISTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: JUDGMENT HELP SPECIALISTS, INC.
2. The principal office address: 800 N. Rainbow, Suite 208, Las Vegas, Nevada 89107
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 27, 2000 Document number: P00000009125
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

L. Van Stillman1177 George Bush Blvd. Suite 308Delray Beach, Florida 33483

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leslie N. Reizes1177 George Bush Blvd. Suite 308(P.O. Box NOT acceptable)Delray Beach, Florida 33483

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]
(Signature of an officer or director)

Darin Metz, President

(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.

Leslie N. Reizes
(Signature of Registered Agent)

11/9/04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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