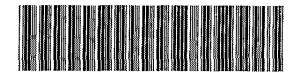
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filling Officer:	

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SECRETARY OF STATE
SECRE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		=	
SUBJECT: KWIK	KASH ATM (Name of corporation)	ING	
DOCUMENT NUMBER:	0000008683	1 <i>5</i> -	
The enclosed Statement of Chan	ge of Registered Office/Agent	and fee are submitted for fi	ling.
Please return all correspondence	concerning this matter to the f	following:	•
	HEILAND person)		
(Name of firm)	company)		
1090 Can (Addre	· ·		
Naples A (City/state and	=/ 3 4/19 zip code)		-
For further information concerni	ng this matter, please call:		
DERRILL HEI (Name of person)	2 at (2 3 9) (Area code &	353-7200 daytime telephone number)	·
Enclosed is a \$35.00 check made	e payable to the Department of	State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	IALLANASSEE, I LOIN	FILED 02 NOV 12 PH 4: 0 SECRETARY OF STATE ANALYSEE ET DEN

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
in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: KWIK KASH ATM INC.
2. The principal office address: 7650 5 Toma cami #10, Sarasota F1 3423 [
(New) 1090 Camelot Circle, Haples El 34119
3. The mailing address (if different): 1090 Camelot Circle
Naples Florida 34119
4. Date of incorporation/qualification: $99/07/2000$ Document number: 90000085833
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DERRILL HELLAND
5697 HERON LANE #603
NAPLES F1 34110
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): DERRILL HEILAND
,
1090 Camelot Circle (P.O. Box or personal mailbox NOT acceptable)
Naples F1 34119
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, chairman of vice chairman of the board) (Egentual Heiland CEO (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.
(Signature of Registered Agent)
If cigning on helpalf of an entity
म् इ लिंग
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*** FILING FEE: \$35.00 ***

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