## P00000097680

(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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## COVER LETTER

TO: Amendmer Division of	t Section Corporations
SUBJECT: /	NVESTMENT FINANCIAL SCAVICES, INC. (Name of Corporation)
DOCUMENT NU	MBER: P00000097680
The enclosed States	nent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all con	rrespondence concerning this matter to the following:
-	TACK R. WOLFF  (Name of Contact Person)
_	/ Nove 5 THE COMPANY) Scraveres for (Firm/Company)
_	2972 Jeff Arms George (Address)
-	(Address)  54443074, FC 34280-7620  (City/State and Zip Code)
For further informate	tion concerning this matter, please call:
JA	LR R. WOLFF " 741 685-4551
(Nar	ne of Contact Person) at (Area Code & Daytime Telephone Number
Enclosed is a \$35.00	0 check made 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15 statement of change is submitted for a corporation organized undo	
in order to change its registered office or registered agen	
1. The name of the corporation: /wwwsmenr France	ANCIAL SERVICES INC.
2. The principal office address: 2972 Jeff	
STRASOTA, FL	34240-2620
3. The mailing address (if different):	
	<u> </u>
4. Date of incorporation/qualification: 10/19/2000 Do	cument number: P00000697680
5. The name and street address of the current registered agent and Florida Department of State:	registered office on file with the
JACK R. WOLFF	<del>-</del>
1701 DAY CAKES	De la
1796 DAK LAKES 5 ARASOTA, FC	A. Francistered office (1974)
J 4R45074, FC	The same
6. The name and street address of the new registered agent (if changed):	iged) and /or registered office
JACK R. WO	LFF SE SE
2972 JEF	F Mras Gack
(P.O. Box PO1 acceptable)	
SARASOM, FL 3	7240-7620
The street address of its registered office and the street address cas changed will be identical.	
Such change was authorized by resolution duly adopted by its b authorized by the board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
Charles en anco	Blacker Jack l. UMFF
Senture of an officer of frector) lass cham,	(Printed or typed name and title) Pacsacry
I hereby accept the appointment as registered agent and agree t I further agree to comply with the provisions of all statutes relat of my duties, and I am familiar with and accept the obligation o document is being filed merely to reflect a change in the register corporation has been notified in writing of this change.	to act in this capacity.  It is to the proper and complete performance  If my position as registered agent. Or, if this  If the confirm that the
(Signature of Registered Agent)	8/25/07 (Date)
If signing on behalf of an entity:	
JACK A. WOLFF	
(Typed or Printed Name)	<del>-</del>

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