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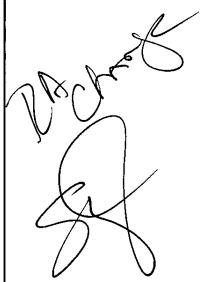
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Liberty One Capital, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P02.000082042</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Liberty One Capital (Firm/Company)
5420 Bay Center Dive 7 116 (Address)
Tampa FL 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 289-7537 2:00pm-81pm (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Liberty One Capital, Inc
2. The principal office address: 5420 Bay Center Drive + 116 Tampa FL 33609
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/29/02 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Laura J. Salemne 30 3 m
1890 W. Kennedy Blud 7650 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
suite 116
(P.O. Box NOT acceptable) Tampa FL 33609
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) (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) (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 * * *