P0200082042_

(Requestor's Name)					
Liberty One Capital 5630 Park Blvd. Pinellas Park, FL 33781					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SEORETARY OF STATE

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TRANSMITTAL LETTER

Liberty One Capital Inc.
(Name of corporation) P02000082042 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: Laura J. Salemme (Name of person) Liberty One Capital, Inc. (Name of firm/company) 5630 Park Blvd., Suite A (Address) Pinellas Park, FL 33781 (City/state and zip code) For further information concerning this matter, please call: Laura J. Salemme (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

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

Pursuant to the	provisions of section	ns 607.0502, 617.0.	502, 607.1508, or 617.1508	8, Florida Statutes,
this statement o	f change is submitted	for a corporation of	rganized under the laws of t	he State of
_Florida	in order to ch	ange its registered o	office or registered agent, o	or both, in the State
of Florida.				
1. The name of	the corporation:	Liberty One Ca	pital, Inc.	<u> </u>
2. The principal	office address:	5630 Park Blvd	l., Suite A	
Pinellas	Park, FL 33781			ž .
3. The mailing a	address (if different):_	4890 W. Kenne	dy Blvd., #650, Tampa	a, FL 33609
4. Date of incor	poration/qualification	7/29/2002	Document number:	202000082042
		current registered a	gent and registered office or	n file with the
Florida Depa	rtment of State:			ASS 03
	Corporate	Creations	·	
	941 Fourth	Street #200	•	
	Miami Beac	h, FL 33139		
6. The name a	nd street address of t	the new registered a	ngent (if changed) and /or	' (
changed):		alemme, Preside		38 N
	5630 Park	Blvd. #A		
	Pinellas P	O. Box or personal mailbox Nark, FL 33781	NOT acceptable)	<u> </u>
_			address of the business offi	
Such change wauthorized by t	as authorized by resone board, or the corp	olution duly adopted oration has been not	by its board of directors or tified in writing of the chan	r by an officer so ige.
(Signature of an office	r, chairman or vice chairman o	f the board)	Laura J. Salemme. F (Printed or typed name and title	resident e)
nerformance of	to comply with the pi f my duties, and I am	rovisions of all siult familiar with and a	d agree to act in this capac utes relative to the proper a ccept the obligation of my rely to reflect a change in t is been notified in writing o	ina complete position as
X 2 0	Signature of Registered Agent)	ىــــــــــــــــــــــــــــــــــــ	5/13/03 (Date)	
If signing on beha		e e e	-	
	ra J. Salemine Typed or Printed Name)		President (Capacity)	
ν,	Typou or Finned Ivallie)		(Capacity)	

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