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(City/State/Zip/Phone #)				
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Certified Copies	_ Certificates	s of Status		
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Office Use Only



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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: CS Advisors Inc. (Name of Corporation) DOCUMENT NUMBER: P02000086287 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: VeLinda Walker (Name of Contact Person) Mango Bay Property and Investments Inc. (Firm/Company) 3600 FAU Blvd., Suite 207 (Address) Boca Raton/FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: չ 347-9811 VeLinda Walker (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 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

		7.0302, 007.1308, or 617.1308, Florida Sid organized under the laws of the State of <u>F</u>	
in orde	r to change its registered office or r	registered agent, or both, in the State of Flo	orida.
1. The name of	the corporation: CS Advisors Inc	•	
2. The principal	office address: 3600 FAU Blvd.,	Suite 207, Boca Raton, FL 33431	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/08/200	2 Document number: P020000)86287
	I street address of the current registe tment of State:	ered agent and registered office on file with	the
	Steven Sherman		T
	3200 N Federal Highwa	ay, Suite 122	OS AUG
	Boca Raton, FL 33431		ASS ASS
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	M 9: 17
	3600 FAU Blvd., Suite	207	
	(P.O. Box NOT acco		
•	Boca Raton, FL 33431		
The street addre as changed will	ess of its registered office and the s be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an o en notified in writing of the change.	fficer so
(Signatu	ire of an officer or director)	Steven Sherman Presider	
i juriner agree i Of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered i in the registered office address, I hereby ange.	lete performance agent. Or, if this confirm that the
	818	August 16, 2006	
	mature of Registered Agent)	(Datc)	
	half of an entity:		
Steven She	rman 'yped or Printed Name)		
•	,		

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

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