P03000034802

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to F	illing Officer:	

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ALLIANASSEE, FLORIDA

TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations			
SUBJ	JECT: Debtsoft Inc. (Name of corporation)			_
	(ivalue of corporation)			
DOC	UMENT NUMBER: P03000034802			
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the following:			
	Alan Silverberg	TALL	03 DEC 18 PH 1: 55	
	(Name of person)	==	7	٦
		ASE.	18	=
	Debtsoft Inc.		7	ロコ
	(Name of firm/company)	F ():		
1	10762 Wiles Rd.	ORIDA	ណ្ដ	
-	(Address)			
	Coral Springs, Fl.33076			
	(City/state and zip code)			
For fu	urther information concerning this matter, please call:			
Alan	Silverberg at (954) 227-7221 (Name of person) (Area code & daytime to	lonkono	mmala a.u\	
	(Name of person) (Area code & daytime R	nepnone	number)	
Enclo	sed is a \$35.00 check made payable to the Department of State.			
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	ns)		

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

	e provisions of sections 607,0502, 617,0502, 60 nitted for a corporation organized under the law		atement of in order
to change its re	egistered office or registered agent, or both, in	the State of Florida.	
1. The name of	the corporation: Debtsoft Inc.		
2. The principa	l office address: 10762 Wiles Rd., Coral Sprii	ngs, Fl. 33076	
3. The mailing	address (if different):	<u> </u>	
4. Date of incor	rporation/qualification: March 27,2003	Document number: P03000034802	
	nd street address of the current registered agent artment of State:	and registered office on file with the	
	Gregg Nicholls		
	1900 NW Corporate Blvd. #400E		
	Boca Raton, Fl. 33431		03[
6. The name an (if changed):	d street address of the new registered agent (if	changed) and /or registered office	FILED PH
	Alan Silverberg	m.	司 呈 日
	10762 Wiles Rd., Coral Springs, Fl. 33076	LOR	1 55 51 ATI
	(P.O. Box or personal mailbox	x NOT acceptable)	
The street addr	ress of its registered office and the street addr e identical.	ess of the business office of its registered ag	gent, as
Such change with board, or the	vas authorized by resolution duly adopted by ne corporation has been notified in writing of	its board of directors or by an officer so autithe change.	norized by
Slar.	Signature of an officer or director)	Alan Silverberg, President (Printed or typed name and title)	<u> </u>
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as registered agent and ag to comply with the provisions of all statutes in familiar with and accept the obligation of rely to reflect a change in the registered office in writing of this change.	ree to act in this capacity. relative to the proper and complete perform ny position as registered agent. Or, if this c e address, I hereby confirm that the corpora	ance of my locument is tion has
Mille		December 12, 2003	
	(Signature of Registered Agent)	(Date)	 ,
If signing on be	ehalf of an entity:		
Alan Silverber		President	<u> </u>
	(Typed or Printed Name)	(Canacity)	

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