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Office Use Only

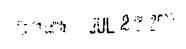


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COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJE	ECT: Judgment Recovery Specialist, Inc	
DOCU	JMENT NUMBER: P03000113733	
	nclosed Statement of Change of Registered Office/A	gent and for our submitted for filing
	- · · ·	
Flease	return all correspondence concerning this matter to	o the following:
	Roger C. Hurd	
	(Name of Conta	ct Person)
	Hurd, Horvath & Ross, P.A.	
	(Firm/Com	pany)
	8295 N. Military Trail, Suite A	
	(Addres	s)
	Palm Beach Gardens, FL 33410	
	(City/State and 2	Zip Code)
For fur	ther information concerning this matter, please call	:
Roger	C. Hurd	(561) 627-1534 Extr. 126
	(Name of Contact Person)	at (561) 627-1534 Extn 126 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departme	ent 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

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Judgment Recovery Specialist Inc.
	office address: P. O. Box 20688, West Palm Beach, FL 33416
3. The mailing ac	ddress (if different): P. O. Box 20688, West Palm Beach, FL 33416
4. Date of incorp	poration/qualification: 10/14/2003 Document number: P03000113733
	street address of the current registered agent and registered office on file with the tment of State:
	Mitchell A. Dinkin, P.A.
	25 Seabreeze Avenue #401
	Delray Beach, FL 33483
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Roger C. Hurd
	8295 N. Military Trail, Suite A
	(P.O. Box NOT acceptable)
	Palm Beach Gardens, FL 33410
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Mide	re of an officer or director) MCDU (Printed or typed name and title)
Corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. The change of Registered Agent (Date)
	half of an entity:
(Т	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 * * *