

P04000083852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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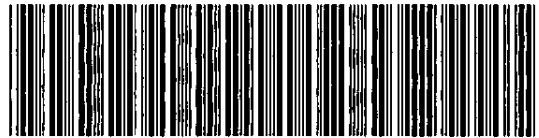
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELECTRONIC REVENUE SYSTEMS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P0400008385A

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:

MR. JOHN P. WALSH  
(Name of Contact Person)

ELECTRONIC REVENUE SYSTEMS INC.  
(Firm/Company)

23162 POST GARDENS WAY # 711  
(Address)

BOCA RATON FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WALSH at (561) 245-5257  
(Name of Contact Person) (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  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: ELECTRONIC REVENUE SYSTEMS, INC.
2. The principal office address: 23162 POST GARDENS WAY # 711 BOCA RATON, FL 33433
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/26/2004 Document number: P04000083852
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KOFSKY, MARTIN B
200 SE FIRST ST. SUITE 705
MIAMI FL 33131

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TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN WALSH
23162 POST GARDENS WAY # 711
BOCA RATON FL 33433
(P.O. Box NOT acceptable)

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.

John Slub (Signature of an officer or director)

JOHN WALSH (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.

John Slub (Signature of Registered Agent)

29 DEC 09 (Date)

If signing on behalf of an entity: JOHN WALSH (Typed or Printed Name)

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