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P05000018028					
(Requestor's Name) (Address) (Address)	300051354283				
(City/State/Zip/Phone #)	04.125/0501009016 **35.00				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DIVISION OF CORPORATIONS 2005 APR 25 PM 2: 43				
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COVER LETTER

Amendment Section TO: **Division of Corporations**

DOCUMENT NUMBER:

SUBJECT: LEOGER	ho Truc	
· · · · · · · · · · · · · · · · · · ·	(Name of corporation)	
DOCUMENT NUMBER:	P050 000 18028	

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:

ANIORAN	GALBRAITH	
	(Name of contact person)	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	. <u></u>
a.c. c. c.		

8189 SE EAGLE Itueniue (Address)

HOBE SOUND FL 33455 -4567 (City/state and zip code)

For further information concerning this matter, please call:

GMLBEMTHat (772)3231378(Name of contact person)(Area code & daytime telephone number) Anorm

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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

, 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 $\underline{FLORIOA}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	the corporation: LEDGER PRO INC.	
	office address: 8189 SE EAGLE AVENUE	
	HOBE SOUND 5-33455-4567	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: F533 05 Document number: P050 000 18028	
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the trunent of State: ANGFEN Galbraith 8871 5 UNISCIME LIME	- DININ SC
	BOLA BATTON FL 33496-5087	SION OF COR
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office SAMC <u>8189</u> SE EAGLE AVENUE <u>HOBE SOUND</u> FL 33455 - 4567 (P.O. Box NOT acceptable)	PH 2: 43
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
A. Gally (Signatu	ANDRON GMBENTH RESIDENT (Printed or typed name and htte)	
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance al I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
A. Gall	houth ARIL 21/2005	
(Sig	gnature of Registered Agent) (Date)	
	half of an entity:	
THUR DAI	Syn-Begiting	
	* * * FILING FEE: \$35.00 * * *	

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