P05000032993

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
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SECRETARY OF STATE

TALLAHASSEE, FLORMA

RA Chs,

P 12/28

Battaglia, Ross, Dicus & Wein, P.A.

Anthony S. Baltaglia Howard P. Ross † Aubroy O. Dicus, Jr. Stephon J. Wein Holli Hanloy Enabb Broian P. Baltaglia Timothy W. Weber ^{‡‡} Sean K. Mc Quaid

Attornerys at Law Wachovia Bank Building 980 Tyrone Boulevard Post Office Box 41100 St. Petersburg, Florida 33143-1100 Tel: (121) 381-2300 Fax: (121) 343-4059 www.brdwlaw.com

Mark P. Stopa David Blum William A. Biacker Boont A. Goodon Scott M. Bonarvita Patricia M. Diockery Carla Turner-Hahn

December 17, 2007

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Change of Registered Agent(s)

Our File No: 060240

Dear Ladies/Gentlemen:

Enclosed is our firm check in the amount of \$180.00, made payable to the Department of State, which represents payment for the enclosed Change of Registered Agent forms for each of the following corporations/LLCs, as follows:

Ι.	Erie Loan Processing, Inc.	(\$35)
2.	Erie Equestrian Center, LLC	(\$25)
3.	MJB Holdings, LLC	(\$25)
4.	Adirondack Marketing Services, LLC	(\$25)
5.	U.S. Student Loan Consolidators, Inc.	(\$35)
6.	Erie Educational Services, Inc.	(\$35)

Please return your acknowledgments in the envelopes provided, and feel free to call me with any questions.

Very truly yours,

Battaglia, Ross, Dicus & Wein, P.A.

Howard P. Ross

HPR:djc Enclosures 060240/452556

[†] Board Cortified Civil Trial and Business Litigation Lawyer †† Board Cortified Appellate Lawyer

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Erie Loan Processing, Inc. (Name of Corporation)					
DOCUMENT NUMBER: P05000032993					
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:					
Howard P. Ross, Esq. (Name of Contact Person)					
Battaglia, Ross, Dicus & Wein, P.A. (Firm/Company)					
980 Tyrone Boulevard N (Address)					
St. Petersburg, FL 33710 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Donna Jo Connelly at (727) 490-1205 (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 Street Address: Amendment Section Division of Corporations Clifton Building					

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fl nange is submitted for a corporation organized under the laws of the Sto der to change its registered office or registered agent, or both, in the Sto	ate of Florida
I. The name of	f the corporation: Erie Loan Processing, Inc.	
2. The principal	al office address: 13540-B Walsingham Rd, Largo, FL 33774	
3. The mailing a	address (if different):	
4. Date of incor	orporation/qualification: 03/02/2005 Document number: Pt	05000032993
	nd street address of the current registered agent and registered office on artment of State:	file with the
	Dwayne Martins	
	13540-B Walsingham Rd	<u>\$%</u> £
	Largo, FL 33774	
6. The name and (if changed):		m _e m
	Resident Agent Corporation of Pinellas Count	y RSTA III
	980 Tyrone Boulevard N	ABA
	(P.O. Box NOT acceptable) St. Petersburg, FL 33710	
	dress of its registered office and the street address of the business offill be identical.	
authorized by t	was authorized by resolution duly adopted by its board of directors o the board, or the corporation has been notified in writing of the char	ige.
(Signal	alure or an original Scrah Westz (Printed or typed in	CFO (ame and title)
I hereby accept I further agree of my duties, at document is be corporation ha	pt the appointment as registered agent and agree to act in this capac e to comply with the provisions of all statutes relative to the proper of and I am familiar with and accept the obligation of my position as re seing filed merely to reflect a change in the registered office address, as, been notified in writing of this change.	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the
	Signature of Registered Agent) December 17, 200 (Date)	7
If signing on bo	behalf of an entity:	
	P Ross, VP, Director	
((Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)