## P0500041188

| (Re                                     | questor's Name)   |           |
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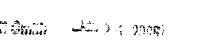
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SECRETARY OF STATE TALLAHASSEE FLORIDA





## **COVER LETTER**

| TO:                                   | Amendment Section Division of Corporations  |  |  |  |
|---------------------------------------|---|--|--|--|
| SUBJI                                 | ECT: OPUS TAX SERVICES, INC. (Name of Cor   | poration)  |  |  |
| DOCU                                  | MENT NUMBER: P05000044188   |  |  |  |
| The en                                | closed Statement of Change of Registered Office/  | Agent and fee are submitted for filing.  |  |  |
| Please                                | return all correspondence concerning this matter to   | o the following:   |  |  |
|                                       | Bruce Mayberry  |  |  |  |
| (Name of Contact Person)              |   |  |  |  |
| OPUS TAX SERVICES, INC (Firm/Company) |   |  |  |  |
|                                       | 1411 NE 7th Street (Addre   | ss)  |  |  |
|                                       | Fort Lauderdale, Florida 33304  |  |  |  |
|                                       | (City/State and   |  |  |  |
| For fur                               | ther information concerning this matter, please cal   | 1:   |  |  |
| Bruce                                 | (Name of Contact Person)  | at ( 954 ) 689-6685<br>(Area Code & Daytime Telephone Number)  |  |  |
| Enclos                                | ed is a \$35.00 check made payable to the Departm   | 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

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

| Pursuant to the provisions of sections 607.0502, 617.0502,   |  |  |  |
|--|--|--|--|
| 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: OPUS TAX SERVICES, INC   |  |  |  |
| 2. The principal office address: 1411 NE 7th Street  |  |  |  |
| Fort Lauderdale, Flori   | da 33304   |  |  |
| 3. The mailing address (if different): above   |  |  |  |
|  |  |  |  |
| 4. Date of incorporation/qualification: March 17, 2005   | Document number: P05000044188  |  |  |
| 5. The name and street address of the current registered age<br>Florida Department of State:   | ent and registered office on file with the   |  |  |
| PERRYMAN, K. PAULETTE  |  |  |  |
| 533 NE 3RD AVENUE, UNIT  | 140  |  |  |
| FORT LAUDERDALE FL 333   | 01   |  |  |
| 6. The name and street address of the new registered agent<br>(if changed):  | (if changed) and /or registered office   |  |  |
| MAGNUS CAPITOL, LLC  | y (1844) - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1 |  |  |
| 1411 NE 7th Street   |  |  |  |
| (P.O. Box NOT acceptable) Fort Lauderdale, Florida 333   | 04   |  |  |
|  | <u> </u>   |  |  |
| The street address of its registered office and the street as changed will be identical.   | ddress of the business office of its registered agent,   |  |  |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not   | by its board of directors or by an officer so ified in writing of the change.                                  |  |  |
| B. Mayberry (Signature or director)  | B. Mayberry (Printed of typed name and fille)  |  |  |
| 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. |  |  |  |
| A. M. Ly GO MAGNE CAPTER LET   | Magnus Conitol U.C. 12 01705   |  |  |
| (Signature of Registered Agent)  | Magnus Capitol, LLC 12-01905   |  |  |
| If signing on behalf of an entity:   | 23<br>23<br>SSE  |  |  |
| A. Mayberry  |  |  |  |
| (Typed or Printed Name)  | STP -  |  |  |
| * * * FILING FE  | E: \$35.00 * * * *   |  |  |
| MAKE CHECKS PAYABLE TO FLO<br>MAIL TO: DIVISION OF CORPORATIONS, P.<br>CR2E045 (8/05)  |  |  |  |