

P05000052140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06 FEB -9 PM 31 00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELITE CARD SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: POS000052140

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:

SUSAN LOWENSTEIN
(Name of Contact Person)

ELITE CARD SERVICES
(Firm/Company)

6550 W FEDERAL HWY ST 510
(Address)

FT LAUDERDALE FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN LOWENSTEIN at (954) 695-5960
(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: ELITE CARD SERVICES, INC.
2. The principal office address: 6278 N. FEDERAL HWY #109
FE LAUDERDALE FL 33308
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/07/2005 Document number: P05000052140

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CHRISTOPHER SUMRALL
5124 CORONADO RIDGE
BOCA RATON FL 33486

FILED
06 FEB -9 PM 3:00
TALLAHASSEE, FLORIDA

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

SUSAN LOWENSTEIN
239 SE 3RD AVE
(P.O. Box NOT acceptable)
POMPA NO BEH, FL 33060

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.

[Signature]
(Signature of an officer or director)

SUSAN LOWENSTEIN
(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.

[Signature]
(Signature of Registered Agent)

02/06/2006
(Date)

If signing on behalf of an entity:

SUSAN LOWENSTEIN
(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)