## P06000037403

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SECRETARY OF STATE

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R.A. Change

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: CHECKVISION, INC.			
(Name of Corporati	ion)		
DOCUMENT NUMBER: P06000037403			
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:		
David Shriver			
(Name of Contact Pe	rson)		
Perlman, Yevoli & Albright, P.L. (Firm/Company)			
200 South Andrews Ave., Suite 600 (Address)			
Fort Lauderdale, FL 33301			
(City/State and Zip C	Code)		
For further information concerning this matter, please call:			
David Shriver at ( 9	954 ) 566-7117		
(Name of Contact Person) (A	954 566-7117 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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid hange is submitted for a corporation organized under the laws of the State of	of Florida
in orde	der to change its registered office or registered agent, or both, in the State o	of Florida.
1. The name of	f the corporation: CHECKVISION, INC.	
2. The principal	al office address: 8202 WEST WILES, #123, CORAL SPRINGS, FL 33067	·
· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	address (if different):	
4. Date of incor	prporation/qualification: 03/15/2006 Document number: P060	00037403
	nd street address of the current registered agent and registered office on file partment of State:	with the
	Perlman, Yevoli & Albright, P.L.	<del></del>
	1500 N. Federal Hwy, Suite 250	2008 SE TAL
· •	Fort Lauderdale, FL 33304	FIL 2008 JUL 10 SECRETAL TALLAHAS
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered	office STA
	(same as above)	AMII: 2
	200 South Andrews Ave., Suite 600	
	(P.O. Box NOT acceptable)	<del></del>
	Fort Lauderdale, FL 33301	_ <del></del>
The street address changed will	ress of its registered office and the street address of the business office of ill be identical.	of its registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
(Signor)	Wire of an officer or director)  (Printed or typed name a	Cons.
I hereby accept I further agree of my duties, an document is bel corporation has	of the appointment as registered agent and agree to act in this capacity et to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as registe eing filed merely to reflect a change in the registered office address, I he as been notified in writing of this change.	complete performance ered agent. Or, if this ereby confirm that the
(Si <sub>i</sub>	Signature of Registered Agent)  July 7, 200 (Date)	08
If signing on be	pehalf of an entity:	
Jason E. Perl	rlman, President	
(	(Typed or Printed Name)	

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

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