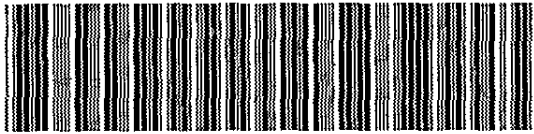


P06000068934



300081814603

11/16/06--01065--009 \*\*35.00

PA to city

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED  
06 NOV 16 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV 20 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flexus Financial Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000068934

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:

Jeremy Sposato  
(Name of Contact Person)

Flexus Financial Inc.  
(Firm/Company)

6830 Porto Fino Circle  
(Address)

Ft. Myers FL 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Sposato at (239) 337-0383  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Alexus Financial, Inc.
- 2. The principal office address: 2203 N. Lois Ave #941  
Tampa, FL 33607
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 5/17/06 Document number: PO6000068934

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

Samantha Dammer  
One N. Dale Mabry Hwy #601  
Tampa, FL 33609

FILED  
06 NOV 16 AM 10:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Jeremy Sposato  
6830 Porto Fino Circle  
P.O. Box NOT acceptable  
Ft. Myers, FL 33912

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)

ADNAGES ALI  
(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)

11-8-06  
(Date)

If signing on behalf of an entity:  
\_\_\_\_\_  
(Typed or Printed Name)

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