Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : JOSEPH N. PERLMAN

Account Number : I20000000002

Phone

: (727)536-2711

Fax Number

: (727)536-2714

REGISTERED AGENT CHANGE

YOUR DIRECT SOURCE, INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nange is submitted for a corporation organized under the laws of the State of Flo ter to change its registered office or registered agent, or both, in the State of Flor	orida	<i>.</i>	
1. The name of	f the corporation: Your Direct Source, Inc.			
	office eddress: 1350 S. Duncan Loop, Dunedin, FL 34695	_		
3. The mailing	address (if different); 1350 S. Duncan Loop, Dunedin, FL 34695			
4. Date of inco	rporation/qualification: 10-04-06 Document number: P0600012	27410		
	nd street address of the current registered agent and registered office on file with a attment of State:	the		
	Jason Nofl			
	1350 S. Duncan Loop	SI	0	
	Dunedin, FL 34695	CRE	8 JA	wantibed.
6. The name an (if changed):	Joseph N. Perlman, Esquire 1101 Beicher Road South, Suite B. (P.O. Box NOT acceptable) Largo, FL 33771	TARY OF STATE ASSEE, FLORIDA	128 PH 4:28	
The street addr	ress of its registered office and the street address of the business office of its r	egistere	d agent	L,
Such change wanthorized by authorized by a support of the form of my fattles, a document is be corporation in a support of the form of the	vas authorized by fesolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. Jason Nofi (Primice or three low) I the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complement am familiar with and accept the obligation of my position as registered as in the registered office address, I hereby as been notified in writing of this change. Complementation of Registered Agent Complementati	Ticer so		
	(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 CR26043 (8/05)