PD8DDD095/45

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Вс	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

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OV 30 PM 2: 49

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Cash Exch	ange, Inc		
		•		
DOCUMENT NUMBE	R: <u>P0</u>	8000095165		
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submi	tted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:		
		el Antoun		
	Name of C	ontact Person		
	Firm/0	Company		
	2065 S\	<i>N</i> 117 Ave		
	Ac	ldress		
	Miramar, FL 33025 City/State and Zip Code			
	Onyrotato	and hip olde		
***************************************	Michael_Antou	n@hotmail.com		
E-m	ail address: (to be used for	future annual report noti:	fication)	
For further information of	concerning this matter, please	e call:		
Mich	ael Antoun	at (561)	376-8572	
Name of	Contact Person	at (561) Area Code & Dayti	me Telephone Number	
Enclosed is a \$35.00 che	ck made payable to the Depa	artment of State.		
		04 4 4 4 4 4		
	Mailing Address: Amendment Section	Street Address: Amendment So	ection	
	Division of Corporations	Division of Co	orporations	
	P.O. Box 6327	Clifton Buildin	•	
	Tallahassee, FL 32314		e Center Circle	
		Tallahassee, F	L 34301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Cash Exchange Inc
2. The principal	office address: 2065 SW 117 Ave Miramar, FL 33025
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/22/08 Document number: P08000095165
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Michael Antoun
	1885 Palm Cove Blvd #10-107
	Delray Beach, FL 33445
6. The name and (if changed):	Delray Beach, FL 33445 I street address of the new registered agent (if changed) and /or registered office 2065 SW 117 Ave Miramar, FL 33025
	2065 SW 117 Ave Miramar, FL 33025 P.O. Box NOT acceptable
	P.O. Box NOT acceptable 5
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.
Signatur	Michael Antoun, President Printed or typed name and title
I hereby accept I further agree of my duties, an document is bei corporation has	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 complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the sheen notified to writing of this change.
	November 24, 2009 Date
_	half of an entity: Date
	Michael Antoun yped or Printed Name

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