711000063928

(Requestor's Name)						
(Address)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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Williams .

1/6/12

TO: Amendment Section Division of Corporations	•						
SUBJECT: PREPAID NATIONY Name of Corpo	VIDE, INC.						
-	0063928						
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.						
Please return all correspondence concerning this matter to	the following:						
	3						
MANSOOR							
Name of Contact Person							
PREPAID NATIONWIDE, INC.							
Firm/Company							
WEST CYPRESS CREEK ROAD, SUITE 110 Address							
Address							
FT. LAUDERDALE, FL 33309							
City/State and Zip Code							
sales@prepaidnationwide.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
MANSOOR ALI	t (954) 990-4826 X106						
Name of Contact Person	t (954) 990-4826 X106 Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Departmen	at of State.						
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building						
Tallahassee FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

TO:

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of FLOR		
1. The name of	the corporation: PREP	AID NATION	WIDE, INC.			
2. The principal	office address: 2003 W	EST CYPRES	S CREEK ROAD, SU	ITE 110		
	FT. LAU	JDERDALE, FL	33309			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	7/14/2011	Document number:	P110000	63928	
	d street address of the curr rtment of State: (If resigne		at and registered office on	file with the		
	VERA, TIRONE					
	11405 ROYAL PAL	M BLVD.				
	CORAL SPRINGS,	FL 33065				
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or register	red office	III JAN	E.
	MANSOOR ALI				& &	- Carrier
	2003 WEST CYPR				. A	
	ET LAUDERDALE	P.O. Box NOT acc	ceptable			
· ' '		e and the street add	dress of the business office		ed agent,	
Such change was authorized by the	as authorized by resolution board, or the corporate	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer sege.	0	
Signatul	e of an officer or director		TIRONE Printed or typed nan	VERA		
I hereby accept	thelannointment as reai	stered agent and a sions of all statute: accept the obliga t a change in the re of this change.	gree to act in this capaci s relative to the proper ar tion of my position as reg egistered office address, l	fv.	formance Or, if this n that the	
(\\\	March		12/28/2	2011		
$II \cup I$	half of an entity:		Date			
	MANSOOR ALI yound or Printed Name					

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