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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Total Dollar Management Effort of Florida, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P92000006579 |
| 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: |
| Steven G. Schwartz, Esquire |
| (Name of Contact Person) |
| Schwartz & Horwitz, PLC (Firm/Company) |
| 6751 North Federal Highway, Suite 400 |
| (Address) |
| Boca Raton, FL 33487 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Steven G. Schwartz, Esq. at (561) 395-4747 (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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of $_{\sf Flor}$ r to change its registered office or registered agent, or both, in the State of Flor | orida |
|--|--|---|
| 1. The name of | he corporation: Total Dollar Management Effort of Florida, Inc. | |
| 2. The principal | office address: 2525 Marina Bay Drive, Suite 204, Fort Lauderdale, FL 33312 | |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 11/19/1992 Document number: P9200000 | 3579 |
| | street address of the current registered agent and registered office on file with tment of State: | the |
| | Steven G. Schwartz, Esquire | |
| | 3301 NW Boca Raton Blvd., Suite 200 | |
| | Boca Raton, FL 33431 | Žs o |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | FIL 6 OCT 2 ECRETAR ELAHAS |
| | Steven G. Schwartz, Esquire | 388 988 0 88 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | 6751 North Federal Highway, Suite 400 | FLOR TO THE TOTAL |
| | (P.O. Box NOT acceptable) Boca Raton, FL 33487 | 開き |
| | ess of its registered office and the street address of the business office of its to be identical. | |
| Such change wanthorized by | a authorized by resolution duly adopted by its board of directors or by an or board, for the corporation has been notified in writing of the change. | fficer so |
| | Arz Func H Butter of an officer or director) Arz Func H Butter of an officer or director) (Printed or typed name and title | =) |
| I hereby accept I further agree of my duties, ar document is be corporation ha | 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 comp ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change. | lete performance agent. Or, if this confirm that the |
| Such | Alway 9/29/06 gnatur of Registered Agent) 9/29/06 (Date) | |
| If signing on be | chalf of an entity: | |
| | Typed or Printed Name) | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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