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SECRETARY OF STATE

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actorneys and counselors at law

Certified Circuit Civil Mediator and Qualified Arbitrator

Of Counsel: Carolyn N. Budnik, Esquire

February 14, 2007

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Transaction Coordinator Services, Inc./Julius Wishnia

Dear Sir/Madam:

Enclosed you will find the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Corporation, and a check for the \$35.00 for the filing fee. Kindly file the original and return the date stamped copy in the pre-addressed stamped envelope provided.

Should you have any questions, please contact the undersigned.

Very truly yours,

Mark H. Goldberg, Esq.

MHG/vrm Encls - (4)

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this we is submitted for a corporation organized under the laws of the State of Florida o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Transaction Coordinator Services, Inc.
	fice address: 10181 S.W. 4th Street, Fort Lauderdale, FL 33324
3. The mailing add	ress (if different):
4. Date of incorpor	ration/qualification: June 22, 1995 Document number: P95000049057
	treet address of the current registered agent and registered office on file with the
<u>N</u>	Mark H. Goldberg
<u>1</u>	0000 Stirling Road, Suite 1
-	Cooper City, FL 33024
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered office
4	780 Davie Road, Suite 101
<u> </u>	Davie, FL 33314-4426
	(P.O. Box NOT acceptable)
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, e identical.
	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Juli	Julius Wishnia, President (Printed or typed name and title)
77 //	ne appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance I amfamiliar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address. I hereby confirm that the seen notified in writing of this change.
	Aury of Registered Agent) 2 15 04 (Date)
If signing on beha	
(Тур	ped 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 * * *