## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 : (850)222-1173 Phone

Fax Number

(850) 224-1640

## REGISTERED AGENT CHANGE

## CASH MANAGEMENT SOLUTIONS, INC.

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation to change its registered office or	organized under the laws o	f the State of Flo	orida		
1. The name of t	he corporation: Cash Manag	ement Solutions, Ir	nc.			
2. The principal	office address: 13921 Icot Bou	levard, Suite 710, Cl	earwater, FL 3	33760	<del></del>	
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: August 1	0, 1995 Document num	ber: <u>P95</u>	5000061812	<del></del>	
	street address of the current regist tment of State: (If resigned, enter r		ffice on file with t	the		
	Amanda Rigakos			ı. 2		
	19622 Gulf Boulevard			ASE S	***************************************	
	Indian Shores, Florida 337	85		AHA AHA		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /o	r registered office	SSEE.	E	
	CorpDirect Agents, Inc.		<del></del>	STA STA	$\cup$	
	515 East Park Avenue			24 REF. 34		
	Tallahasse, Florida 32301	Box NOT acceptable		<i>V</i>		
The street address changed will	ess of its registered office and the be identical.	street address of the busin	ess office of its r	registered agent,		
Such change was authorized by the	as authorized by resolution duly and board, or the corporation has b	adopted by its board of direct on the direct of the direct	ectors or by an of the change.	fficer so		
Signatu	The of an officer or director	WALTER .	ELLING Tryped name and title	CBDO/50	ciehory	
I hereby accept I further agree of my duties, ar document is be corporation ha.	the appointment as registered as to comply with the provisions of a d a mi familiar with and accept the filed merely to reflect a chang seen notified in writing of this a	gent and agree to act in thi all statutes relative to the p the obligation of my positive se in the registered office a change.	s capacity. proper and comp on as registered i ddress, I hereby	lete performance agent. Or, if this confirm that the	•	
<u> </u>	Parture of Registered Agent	July	24, 2005 Date			
If signing on be	half of an entity:					
	Holden ASS+. See	<u>c</u> .				
* * * FILING FEE: \$35.00 * * *						

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