029689

Relien Address City/State/Zip Phone #

Office Use Only

| CORPORATION NAME(S) & DOCU | JMENT NUMBER(S), (i | OI NO |
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| (Corporation Name) | (Document #) | -7 PM ARY OF ASSEE, F |
| (Corporation Name) | (Document #) | 3: 50 STATE LORIDA |
| (Corporation Name) | (Document #) | 3000046705536 -11/07/0101036006 ******35.00 ******35.00 |
| (Corporation Name) Walk in Pick up time | (Document #) | ☐ Certified Copy |
| Mail out Will wait NEW FILINGS | Photocopy AMENDMENTS | Certificate of Status |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Designation of R Change of Regist Dissolution/With Merger | |
| OTHER FILINGS | REGISTRATION/Q | <u>UALIFICATION</u> |
| Annual Report Fictitious Name | ☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other | T BROWN NOV - 9 2001 |
| CR2E031(7/97) | | Examiner's Initials |

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, |
|--|
| the undersigned corporation organized under the laws of the State of Florida |
| submits the following statement in order to change its registered office or registered agent, or both, in |
| the State of Florida. |
| 1. The name of the corporation: Electronic Commerce Financial |
| SERVICES, INC. |
| 2. The mailing address of the corporation: 15009 N. Florida Ave # 331 |
| Tampa F2 33613 |
| 3. Date of incorporation/qualification: 4/4/96 Document number: P960000 2968 9 |
| 4. The name and address of the current registered agent and office: |
| Robert S. Hobbs |
| _ 3719 Swann Ave |
| Tampa 72-33609 ES = 1 |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): \((P. O. Box Not Acceptable) |
| James Dalebroux |
| 6161 Memorial Hwy#511 |
| Tamp4 FL 33615 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.) |
| |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| Ronald E. Scaglione Director |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. |
|)alilian — Illalai |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| James Dale broux /Na/V/Dua/ (Typed or Printed Name) (Canacity) |
| (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314