



CERTIFIED COPY _____ CUS _____
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1.) Wholesale Exchange, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

100002372341-3
-12/15/97-01001-006
*****35.00 - *****35.00

3.) _____
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(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

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12/15

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97 DEC 15 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

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 _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: WHOLESALE EXCHANGE, INC

1b. The mailing address of the corporation is: 4410 W. 16 AVE SUITE 5-134
HIALEAH FL 33012

1c. Date of incorporation: APRIL 9, 1997 Document number: _____

2. The name and address of the current registered agent and office:
SKRLD, INC.
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Corporate Access, Inc.
1116-D Thomasville Road
Tallahassee, FL 32360

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.

Miriam Gonzalez
(Signature of an officer, chairman or vice chairman of the board) 12/10/97 (Date)

X MIRIAM GONZALEZ
(Printed or typed name and title)

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.

Danny Bennett Pres.
(Signature of Registered Agent) _____ (Date)

If signing on behalf of an entity:
Danny Bennett
(Typed or Printed Name) _____ (Capacity)

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

FILING FEE: \$35.00

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