DODD 63146

Amendment Section

TO:

Division of Corporations FINANCIAN SOCIETY ALVISORS INC.
(Name of corporation) DOCUMENT NUMBER: 1970000 4 3/46 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: Negris Neuman (Name of person) Financiae Security Advisors inc.
(Name of firm/company) 1721 SE 16 AVE # 103
(Address) For further information concerning this matter, please call: (Name of person) at (352) 351-9288 EST (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. Course, or see Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

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

this statement o	of change is submitted for a corpora	617.0502, 607.1508, or 617.1508, Flow ation organized under the laws of the Sta stered office or registered agent, or both	te of
of Florida.		Security Advisces, inc.	
2. The principa	l office address: 1721 9	3E 16 ANE # 103	
	l office address: 1721 9	FC 34471	
		B of 383 A FC 34478-0387	
		Document number: <u>\$6970</u>	व्यक्ति अस्ट
	rtment of State:	tered agent and registered office on file w	TARY ASSE
	OCACA	25 AVE FL 38471	PH 1:30
6. The name at changed):	Curtis Ne		red office (if
	(P.O. Box or personal n	16 AVE # 103 mailbox NOT acceptable) FC 34471	
The street addre	ess of its registered office and the sed will be identical.	street address of the business office of it	s registered
Such change wanthorized by u	as authorized by resolution duly ad be board, or the corporation has be	dopted by its board of directors or by an en notified in writing of the change. Cleris Nesmin - Pesis. (Printed or typed name and title)	
I hereby accept I further agree performance of registered agen	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with t. Or if this document is being file	ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my position ed merely to reflect a change in the regi ion has been notified in writing of this c	aplete n as stered
	ignature of Registered Agent)	/1/7/2002 (Date)	
If signing on behal	f of an entity:	PRESIDENT	
Cuens A	Verm HV Typed or Printed Name)	(Capacity)	

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