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From:

Account Name : REIMER & ROSENTHAL LLP

Account Number : T20000000101 Phone : (954)384-9200 Fax Number : (954)384~0017 OG FEB IL PH 3: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

ACCUBILL SYSTEMS, INC.

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COVER LETTER

TO: Amendment Sec Division of Corp		
SUBJECT: Accubill	Systems, Inc.	orporation)
DOCUMENT NUMBE	R:_P97000075769	
		Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
Alex	r P. Rosenthal (Name of Cor	ntact Person)
Reit	mer & Rosenthal LLP (Firm/Co	mpany)
<u>2115</u>	North Commerce Part (Add	
West	on, FL 33326 (City/State an	d Zin Code)
For further information of	concerning this matter, please o	•
Alex P. Rosenthal (Name of	f Contact Person)	at (954) 384-9200 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 che	ck made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

CR2E045 (8/05)

Tallahassee, FL 32301

(((H06000040482 3)))

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation; Accubill Systems, Inc.		
	office address; 1380 Miami Gardens Drive, Suite 155, Miami, Florida 33179		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 9/2/1997 Document number: P97000075769		
	d street address of the current registered agent and registered office on file with the riment of State:		
	Amy Shapiro		
	1380 Miami Gardens Drive, Suite 155, Miami, Florida 33179 I street address of the new registered agent (if changed) and /or registered office Beryl Lougachi		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		
	Beryl Lougachi		
	1380 Miami Gardens Drive, Sulte 155, Miami, Florida 33179 (P.O. Box NOT acceptable)		
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.		
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so by poard, or the corporation has been notified in writing of the change.		
As Company	Beryl Lougachi		
thereby accept further agree of further agree of of my duties, an tocument is bei corporation his	the appointment as registered agent and agree to act in this capacity, to complete performance to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been potified in writing of this change.		
441	2/13/06		
(Si)	maine of Registered Agent) (Date)		
it signing on be	half of an entity:		
	yped or Printed Name)		
* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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