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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T-Roberts FEB. 0 1, 2004

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NATIONAL THANSACTION COFF (Name of Corporation)
DOCUMENT NUMBER:
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:
MARK FLAVEL (Name of Contact Person) NATIONAL TRANSACTION CORP (Firm/Company) 11951 N. W. 37 STREET (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
MALK FLAVEL at (954) 346 3300 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Mailing Address: Amendment Section

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to,the p statement of cha in order		d for a corpo	ration orga	nized und	der the l	aws of	the Stat	e of <u>F</u>	ORID	_	
1. The name of t	he corporation:	NATIO	NAL	THAN:	SACT	10N		P.			
2. The principal	office address:_	11951	NW	37	570	661					
		CORA	SPHNO	15	7	330	165				
3. The mailing a	ddress (if differ	ent):	,						<u></u>	••	
4. Date of incorp	oration/qualific	cation: 10-	7-190	9 Z D	ocumen	t numl	per: $ ot\!$	9700	2000	<u>866</u>	04
5. The name and Florida Depar	street address of the street address of the street address of State:	of the current	registered	agent and	l registe	red off	fice on fi	ile with th	he		
	E	12ABE	7H 1	ELAV	EL						
	12	162	N.W.	75	BH	ret					
	PAR	KLAND	FI		3307	16					
6. The name and (if changed):	street address	of the new re	gistered age	ent (if cha	inged) a	nd /or	registere	ed office	SECKE I	08 JAN 29	-T1
		•	WALK			······································			SSEE YAY (ILED
	14-	35 D	SASULVI NOT acceptable	6 YON	_ =	57	- 	· · ·	FS1	出で	
	Hou	(P.O. Box	/~ /~ /~ /~ /~ /~ /~ /~ /~ /~ /~ /~ /~ /	" 	330	020)		RICA	60	
The street addre		•						of its reg	gistere	d ager	ıt,
Such change wa authorized by th			_								
MI	11	//	- .		MARI	K ,	PAV	EL			
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment of the comply with a comply with a comply duties, and a cocument is better that the corport	nt as register the provision I am familia being filed m ation has bei	ed agent ar as of all star r with and c erely to ref en notified	nd agree tutes rela accept th lect a cho in writing	to act in itive to i e obliga ange in g of this	this of this of the properties of the properties of the region of the region of the properties of the	typed name capacity. oper and f my pos gistered ge.	cand tile) completesition as office ac	te registe Idress,	ered I	
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(T	yped or Printed Nan	ne)									

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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