P980000 30 384

(Re	equestor's Name)	
. (Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600098917346

04/27/07--01034--007 **35.00

07 APR 27 AH 8: 27
SECRETARY OF STATE
AND ANASSEF, FLORID

STATE CORIDA

COVER LETTER

6.75

TO: Amendment Section Division of Corporations
SUBJECT: TTS (USA) CORR. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PASOOO 333 SA
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:
Sally S. Benson, Esq. (Name of Contact Person)
(Name of Contact Person)
Sally S. Benson, P.A.
(Firm/Company)
11211 Prosperty Farms 20. C-111
(Address)
Palm Beach Sardens, FL 334110
(City/State and Zip Code)
For further information concerning this matter, please call:
Sally S. Benson at (561) 691. 4002 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: TTS (USA) CORP.
2. The principal office address: 11211 Prosperity Farms Rd. C-111
Palm Brach gar-dens, FC 33410
3. The mailing address (if different):
4. Date of incorporation/qualification: 3・30・1990 Document number: Pa、その00030364
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Charles Avern
162 Brackenwood Road 630 Sazodilla #116 El 224 OFF 2
Tack Sally Brace Lossing with
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Charles Avern
4000 Island Boulavard, AZt. 2103
P.O. Box NOT acceptable) Lichtura FL 33160
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, or the exproration has been notified in writing of the change.
Charle When W. PRESIDENT, AHERN
(Mighature of un officer of director) of Legistus (Market or typed name and title) I hereby accept the appointment as registered agent and agred 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: ITS (USA) Corp. (Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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