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1164 E. Oakland Park Blvd. • Suite 100 Ft. Lauderdale, FL 33334	up, Inc. – H	5000055063858 -05/13/0201068006 *****35.00 *****35.00
	I	Office Use Only
CORPORATION NAME(S) & DOO	CUMENT NUMBER	(S), (if known):
1 (Corporation Name)	(Docume)	nt #)
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4(Corporation Name)	(Docume	nf #)
Walk in Pick up time		Certified Copy
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NEW FILINGS         Profit         Not for Profit         Limited Liability         Domestication         Other	Change of	
<b>OTHER FILINGS</b>	<u>REGISTRATI</u>	ION/QUALIFICATION
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Foreign</li> <li>Limited Pa</li> <li>Reinstatem</li> <li>Trademark</li> <li>Other</li> </ul>	nent
CR2E031(7/97)		Examiner's Initials 05/17

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

1. The name of the corporation : USA SERVICES GROUP, InC.

2. The mailing address of the corporation : 4737 N. Ocean BIVD # 205

3. Date of incorporation/qualification: <u>91498</u> Document number: <u>9980006809</u>

4. The name and address of the current registered agent and office:



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.

chairman ce chairman of the board) of an off 60 MIMA (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

//M m	4129102
(Signature of Registered Agent) If signing on behalf of an entity:	(Date) (
(Typed or Printed Name)	(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314