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REGISTERED AGENT CHANGE

MICHAEL MINTZ DISCOUNT FINANCIAL SERVICES, INC.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 20, 1999

MICHAEL MINTZ DISCOUNT FINANCIAL SERVICES, INC. 5791 N.W. 38TH TERRACE BOCA RATON, FL 33496

SUBJECT: MICHAEL MINTZ DISCOUNT FINANCIAL SERVICES, INC. REF: P98000096554

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Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H99000011879 Letter Number: 399A00028011

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 19, 1999

MICEAEL MINTE DISCOUNT FINANCIAL SERVICES, INC. 5791 N.W. 38TE TERRACE *****ATTN: MARYANN***** BOCA RATON, FL 33496

SUBJECT: MICHAEL MINTZ DISCOUNT FINANCIAL SERVICES, INC.

REF: P98000096554

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refex the complete document, including the electronic filing cover sheet.

AS DISCUSSED DURING OUR PHONE CONVERSATION OF 5/18/99, THE CORRECT FORM TO BE FILED IS THE STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE.

The document must contain a statement that this change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H99000011879 Letter Number: 199A00027841

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERE AGENT OR BOTH FOR CORPORATIONS H99000011879 6

Pursuant to the provisi	ons of sections 60	7.0502, 617.0502, 60	7.1508, or 617.1500 	8, Florida Statutes.
the undersigned corporations the undersigned corporation to the following statements the following statement of the following sta	ودلا المرسة بيسيين الم	was the intus of the ato	IE.OF TTOTOTO	
the State of Florida. 1. The name of the corp	oration is: Micha	el Mintz Discount	Financial Servi	ces, Inc.
2. The mailing address	-f the compration	is: 6653 W. Boynton	n Beach Boulevar	d
2. The maning address	Of the portioners	Boynton Beach,	Florida 33437	
Date of incorporation	n/qualification: N	<u> </u>	Document number:	P98000096554
4. The name and addre	es of the current re	gistered agent and offi	ce:	_
1, 111		•		₹0 .o
	bael Mintz			99 MAY 20 SECRETAR ALLAHASS
<u>. 665</u>	3 W. Boynton B	each Boulevard		
Έ ሊቲ	nton Beach, Fl	oriđa 33437		ASS 20
<u>Foy</u> 5. The name and addre	ss of the new regis	stered agent and office:	(P. O. Box Not Ac	cebrame XX -<
	rída-Lawdock,			
· · · · · · · · · · · · · · · · · · ·		ue, Fourth Floor		2: 2: STAI LOR
Wes	t Palm Beach,	Florida 33402		IDA TE
The street address of i	ts registered offic l be identical.	and the street addres	s of the business of	fice of its registered
agent, as changed, Will Such change was auth authorized by the beau	onized by resoluti d.	on duly adopted by its	posid of directors	t by an officer so
J. 1117.1	•	•	5/	20/99,
(Signature of an off	icer, chainman or vico e	hairman of the board)		Date
Michael Mintz, J	eresident			
		i tide)		
Having been named a corporation, I hereby I further agree to comperformance of my duregistered agant.	s registered agent accept the appoin ply with the provi ities, and I am fan	and to accept service timent as registered as sions of all statutes resiliar with and accept	of process for the orent and agree to delicative to the proper the obligation of m	spove stated or in this capacity. or and complete y position as
(Signature	of Registered Agent)		(Date)	<u> </u>
, -	_		-	
If signing on behalf of an	. Nashban 		Vice-Presid	ent
(Typed or	Printed Name)		(Capacity)	· · · · · · · · · · · · · · · · · · ·
ಚ990000 11879 €	***	FILING FEE: \$35.0) * * *	
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