

513768

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R.A. Change
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FEB 01 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 658447 4813078

AUTHORIZATION :

COST LIMIT :

[Handwritten signature]
\$35.00

ORDER DATE : January 28, 2011

ORDER TIME : 9:16 AM

ORDER NO. : 658447-105

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: PALM FINANCIAL SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: _____

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Palm Financial Services, Inc.
2. The principal office address: 1390 Celebration Blvd., Celebration, FL 34747
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/20/1990 Document number: S13768

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jeffrey H. Smith

1375 Buena Vista Drive, 4th Floor North

Lake Buena Vista, FL 32830

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeffrey S. Craigmile

1375 Buena Vista Drive, 4th Floor North

(P.O. Box NOT acceptable)

Lake Buena Vista, FL 32830

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 corporation has been notified in writing of the change.

Marsha L. Reed
(Signature of an officer or director)

Marsha L. Reed, Assistant Secretary

(Printed or typed name and title)

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. 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.

By: Jeffrey S. Craigmile
(Signature of Registered Agent)

1/21/11
(Date)

If signing on behalf of an entity:

(Typed 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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