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COVER LETTER

Division of Corporations							
SUBJE	ст:	CONSUMER	ASSET	MANAGEMENT	, INC.	•	h
				Name of Cor	poration		•
DOCU	MENT	NUMBER:	S429	59			
The end	closed S	Statement of Ch	ange of R	tegistered Office/A	Agent and fee	are submitted for f	iling.
Please r	return a	ll corresponden	ce concer	ning this matter to	the followin	g:	
		Steve	en W. 1				_
				Name of Conta	et Person		
		Cons	ımer A	sset Manage		C •	
				Firm/Com	pany		
		80 S	.W. 8t	h Street, S		3	
				Addres	55		
		Miam	i, FL	33130		,	
				City/State and	Zip Code		
	sdoan@consumerasset.com						
	E-mail address: (to be used for future annual report notification)						•
For furt	her info	ormation conce	rning this	matter, please cal	1:		
Ste	even	W. Doan Name of Conta	et Person	· · · · · · · · · · · · · · · · · · ·	at (305 Area Coo	536.616 de & Daytime Telep	1 ext.297
Enclose	ed is a \$			ele to the Departm		io a majililo rolej	Silone (Mainleet
		Amer Divis P.O.	Box 632	ection orporations	Amer Divis Clifto 2661	t Address: ndment Section sion of Corporatio on Building Executive Center thassee, FL 32301	r Circle

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

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State ofFlorida			
1. The name of the corporation: Consumer Ass	et Management, Inc.			
· · ·	h Street, Suite 2203			
3. The mailing address (if different):				
4. Date of incorporation/qualification:04/03/1991	Document number: S42959			
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned)	d)			
Cheezem Montello & Ke	nney P A 3			
777 Brickell Avenue,	Suite 1070			
Miami, FL 33131				
6. The name and street address of the new registered agen (if changed):	Suite 1070 Suite 1070 t (if changed) and /or registered office			
Steven W. Doan				
c/o Consumer Asset Ma 80 S.W. 8th Steet, Su	<u>ite</u> 2203			
Miami, FL 33130				
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,			
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.			
riginature of aporthece and director	Kay Hancock Apfel - Chairman/CEO			
I herely accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblidaciment is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity. ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the			
500h	6/11/09			
Signature of Registered Agent If significant hebrels of an entity:	Date			
If signing on behalf of an entity:				
Typed or Printed Name				
* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314