

S46171

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6360

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
ASSIST-CARD CORPORATION OF AMERICA**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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JAN 16 2013

T. BROWN

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

1. The name of the corporation: Assist-Card Corporation of America
2. The principal office address: 175 SW 7th Street Suite 204 Miami, FL 33130
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/18/91 Document number: S46171

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sonia Perez

175 SW 7th Street

Suite 204 Miami, FL 33130

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

Florida 33324

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.

[Signature]
Signature of an officer or director

Nigel Childs Treasurer
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 [Signature]
Signature of Registered Agent

1/15/13
Date

If signing on behalf of an entity:
JoAnne McCarthy
Vice President
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

CR28643 (03/12)

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