F05000003862

(D.					
(Requestor's Name)					
(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone				
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PICK-UP	WAIT	MAIL			
	siness Entity Nan	ne)			
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(D0	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer				
Special Instructions to Filing Officer:					

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ZOIL DEC 19 AM II: OF SECRETARY OF STATE

R.A.

TBrown 12-2011

COVER LETTER".

Amendment Section Division of Corporations

TO:

	Total Car	1 Inc				
SUBJECT:	Total Card, Inc. Name of Corporation					
DOCUMENT NUMB	NT NUMBER: F05000003862					
The enclosed Statemen	t of Change of Registered Offic	e/Agent and fee are submitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
1	iset Robles					
	Name of Co	ntact Person				
InCorp Services, Inc.						
	Firm/Co	ompany				
2360 Corporate Circle · Suite 400						
	Add	ress				
Henderson, NV 89074-7722						
JANET COLIONUCZNSING COM						
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please	call:				
Liset Robles	·	at (800) 246-2677				
Name o	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 ch	neck made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 6. unge is submitted for a corporation	n organized i	under the laws of the Sta	te of South Dakota
	r to change its registered office or		igeni, or boin, in the stat	е ој гитии.
1. The name of t	the corporation: Total Card, I office address: 155 N. Rivervie	ow Drivo	Anaboim Hills CA	22808 LIS
2. The principal	office address: 133 N. Kivelvie	ew Drive,	Ananeim mis, OA s	92000 03
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 6/30/2	2005	Document number:	F05000003862
	I street address of the current regist	_	and registered office on f	ile with the
	CORPORATION SERVICE	E COMPA	NY	
	1201 HAYS STREET	,		20 TAL
	TALLAHASSEE FL 32301	-2525		CAHA
6. The name and (if changed):	I street address of the new registere	ed agent (if o	changed) and /or register	ETARY OF STATE HASSEE, FLORI
	InCorp Services, Inc.			II: 00
	17888 67th Court North		·	· · · · · · · · · · · · · · · · · · ·
	Loxahatchee, FL 33470	Box NOT accep	otable	
The street addre	ess of its registered office and the be identical.	street addr	ess of the business offic	e of its registered agent,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by i	its board of directors or I in writing of the chang	by an officer so
_ 8	ions		Scott Swa	, · , · 1
	te of an officer of director the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang to reen notified in writing of this c	gent and agi all statutes i the obligation ge in the reg change.	Printed or typed nan ree to act in this capacii relative to the proper ar on of my position as ree ristered office address, I	
December 6		6, 2011		
Sig	nature of Registered Apolut		Date	
If signing on be	- 1			
73H YAGGSG	Yon behalf of InCorp Services	s, Inc.		
т	yped or Printed Name			

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