

P22683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

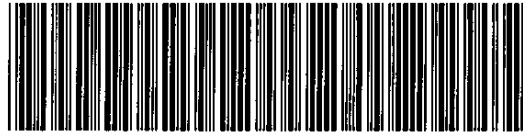
(Business Entity Name)

(Document Number)

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07 OCT 31 AM 10:46  
DIVISION OF CORPORATIONS  
TALLahassee, FLORIDA

R.A. Chong

C. Couffette OCT 31 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 291965 5149032  
AUTHORIZATION : *Leves*  
COST LIMIT : \$ 35.00

ORDER DATE : October 26, 2007  
ORDER TIME : 10:19 AM  
ORDER NO. : 291965-135  
CUSTOMER NO: 5149032

CHANGE OF AGENT

NAME: MYAL PARTNERSHIP MANAGEMENT  
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.
2. The principal office address: 818 W. Brooks Avenue, North Las Vegas, NV 89030
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/23/1989 Document number: P22683

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

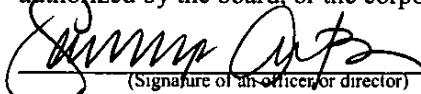
Paula Putnam  
612 NW 2nd Street  
Ocala, FL 34475

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

Corporation Service Company  
1201 Hays Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

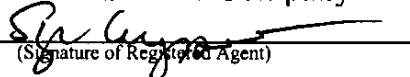
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Samantha Anton, Asst. Secty  
(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.*

Corporation Service Company

By:   
(Signature of Registered Agent)

10-30-07  
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP  
(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