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SECRETARY OF STATE

R.A.

NOV 2 0 2012 T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	120000000195

REFERENCE : 420540 7908213

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: November 13, 2012

ORDER TIME : 11:10 AM

ORDER NO. : 420540-059

CUSTOMER NO: 7908213

CHANGE OF AGENT

NAME: GOLDLEAF FINANCIAL, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 inge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of Minne	sota		
1. The name of	the corporation: GOLDLEAF FINANCIA	L, LTD., INC.			
2. The principal	office address:ighway 7, Suite 150, Montevideo, Mi			<u></u>	
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 08/14/2002 Document number: F02000004143					
	I street address of the current registered agentment of State: (If resigned, enter resigned)	t and registered office on file with the			
	Registered Agent Solutions, Inc.				
	155 Office Plaza Drive, Suite A				
	Tallahassee, FL 32301		12 NOV 19	REAL SE	
6. The name and (if changed):	I street address of the new registered agent (i	f changed) and /or registered office	TE O	RY OF S	
	Corporation Service Company		<u>ක</u> දුර	RATI	
	1201 Hays Street		 ,-	0,0	
	P.O. Box NOT acce Tallahassee, FL 32301	ptable			
The street addre	ess of its registered office and the street add be identical.	ress of the business office of its registe	ered agent	,	
Such change wa authorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notifie	its board of directors or by an officer and in writing of the change.	so		
Mai	re of an other or director	laureen Cathell, Vice President	·		
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agent comply with the provisions of all statutes my duties, and I am familiar with and accepts document is being filed merely to reflect a that the corporation has been notified in with Service Company	gree to act in this capacity. relative to the proper and complete of the obligation of my position as reg	istered ess, I		
`	· -	ovember 9, 2012			
		Date			
	half of an entity:				
	pet, Asst. VP				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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