

L0000000 1231

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

1STPALM FINANCIAL, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.402, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent or both, in the State of Florida.

1. The name of the limited liability company is: Interim Financial Services LLC

2. The mailing address of the limited liability company is: 6675 Corporate Center
6675 CORPORATE CENTER
Suite 340, Jacksonville, FL 32216

3. Date of filing/registration in Florida: 2-09-2000 4. Document number: 100000001231

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

INTERSTATE REGISTERED AGENT CORP.
Name
701 BRICKELL AVE. STE 3000
Address
MIAMI, FLORIDA 33131
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Maitland FL 32751
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were sanctioned by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ann R. Mackey
(Signature of a member or authorized representative of a limited liability company)

Ann R. Mackey
(Printed or typed name of signer)

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 relating to the filing and complete performance of my duties and I am hereby releasing and holding harmless the Florida Department of State and its employees from and against all claims, damages, costs and expenses, including reasonable attorney's fees, that may be asserted against or incurred by the Florida Department of State or its employees in connection with the change in the registered office address of the limited liability company and the change in the registered agent.

Anthony L. Cassi
(Signature of registered agent)

Division of Corporations, P.O. Box 6377, Tallahassee, FL 32316
FILING FEE: \$15.00

DHS12 (005)

Anthony L. Cassi
Vice President

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