Division of Carporation 000000137

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Florida Department of State

Division of Corporations
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SCHLIARY OF STATE

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REGISTERED AGENT CHANGE

LDG FINANCIAL SERVICES, LLC

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

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Company Mag

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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 608.308, 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: LDG Financial Services, LLC 2. The mailing address of the limited liability company is: 4553 Winters Chane Rd, #200, Atlanta, GA 30360 M01000000737 3/29/2001 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Corporation Service Company Name 1201 Hays Sweet Address Tailahassec, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: C T Corporation System Name 1200 South Fine Libera Road Florida stroet address (P.O. Box NOT acceptable) Plantation FL 33324 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(a) was/were authorized 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. Cightuit of a member or authorized representative of a member) Summer ravon (Printed or typed name of signes) 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 auties, and I am familiar with and accept the oblications of my position as registered agent as provided for in Chapter 508, F.S. Or, I this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

C.T.Caparation System

Michaie Millet <u>Michele Miller</u> (Signature of Registered Agent) Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallabasse, FL 32314

FILING FEE: \$25.00

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