SIGNATURE:

DOCU	MENT # M99 (00000185	55			FIL	ED		
 Entity Nan 	RY FINANCIAL LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				00 MAY - I	AM : 3	37	
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Principal Plac	ce of Business	Mailing Address	<u> </u>			SECRETAR TALLAHASS	EE, FLOR	IDA	
	GREEN ROAD	7111 VALLEY G		•					
FT. WASHING	TON PA 19034	FT. WASHINGTO	ON PA 19034-2209	9			lini na nii Buith Auth	11 (2 84) 2 8 141	02101 0111 1801
2. Principal F	Place of Business	3. Mailing Addre	ess		-		 -	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			DO NOT WRI	TE (N THIS SP	ACE	
City & Stat	te	City & State			4. FEI Nu	mber 51-038466 3	3	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Cou	untry	5. Certific	eate of Status Desired	\$	5.00 Ad	ditional
-	6. Name and Address of Curro	ent Registered Agent			is the second	and Address of New F	Fe	e Require	ed*.~ ~
	6. Name and Address of Curro	ent Registered Agent		Name	7. Name	and Address of New 1	registered Ag	÷1117	
	PORATION SYSTEM			Street Addre	ss (P.O. Box Nu	 mber is Not Acceptable	 e)		
	JTH PINE ISLAND ROAD ION FL 33324					 · ·	<u> </u>		
FLANIAII	ION 1 L 35024			City		<u> </u>	FL	Zip Cod	le
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O The share	was allowed a submitted this statement	at for the purpose of abo	onging its registe	arad office or roai	etorod agont, or	both in the State of Fl	l Orida		
6. The above	named entity submits this statemer	nt for the purpose of cha	anging its registe	ered office or regi	stered agent, or	both, in the State of Fl	orida.		
8. The above	•						orida.		
	•	gent and title if applicable.	(NOTE: Register	ered Agent signature req	juired when reinstating		 		
	•	gent and title if applicable.	(NOTE: Register		uired when reinstating		 		
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Register	FEE IS \$50.0 to Department	uired when reinstating)	 		
SIGNATURE 9.	Signature, typed or printed name of registered as MANAGING ME	gent and title if applicable. Make C	(NOTE: Register FILE NOW!!! heck Payable	FEE IS \$50.0 to Departmen	uired when reinstating)	DATE] Change	
SIGNATURE 9. TITLE	Signature, typed or printed name of registered as MANAGING ME MGR BUERGER, ALAN H	gent and title if applicable. Make C MBERS/MEMBERS	(NOTE: Register FILE NOW!!! heck Payable	FEE IS \$50.0 to Departmen	uired when reinstating)	DATE	_ Change	Addition
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