FILED Feb 14, 2008 8:00 am **Secretary of State**

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02-14-2008 90030 040 ***247.00 DOCUMENT # F06000005707 MARATHON FINANCIAL, INC. 40022200 Principal Place of Business Mailing Address 777 YAMATO ROAD 777 YAMATO RD **STE 300** SUITE 30 A BOCA RATON, FL 33431 BOCA RATON, FL 33431 3. Mailing Address 777 YAMATO ROAD 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
SUITE 300 Suite, Apt. #, etc. 01182008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number BOCA RATON, 88-0319260 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33431 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYLER, SCOTT L Street Address (P.O. Box Number is Not Acceptable) 777 YAMATO RD SUITE 300 BOCA RATON, FL 33431 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change ☐ Addition TITLE Р NAME REGAR, MICHAEL L REGER, MICHAEL L NAME 777 YAMATO ROAD SUITE 300 STREET ADDRESS 777 YAMATO RD SUITE 300 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition WYLER, SCOTT L NAME NAME STREET ADDRESS 777 YAMATO RD SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Scott Wyler, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: