

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000147168 3)))



H160001471683ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

러. WHITE

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE LTD FINANCIAL SERVICES I, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

• COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT:		
	Name of 0	Corporation	
DOCI	UMENT NUMBER:		
The er	nclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
•	return all correspondence concerning this matter		
ricasc	return an correspondence concerning and man	er to the following:	
	Name of Co	entact Person	
	Firm/C	ompany	
		•	
	Address		
	·		
	Oth./Chahan	nd Zip Code	
	City/State a	na Zip Code	
	E-mail address: (to be used for t	future annual report notification)	
		······································	
	·		
For fur	rther information concerning this matter, please	call:	
	Name of Contact Person	at () Area Code & Daytime Telephone Number	
•	rame of Committee Ferson	Atea Code & Daytime Telephone Number	
Enclos	ed is a \$35.00 check made payable to the Depar	tment of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee FL 32301	

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LTD FINANCIAL SERVICES I, INC.
2. The principal office address: 7322 SOUTHWEST FREEWAY, STE 1600, HOUSTON, TX 77074
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/21/2014 Document number: F14000001743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEB, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Thomas Anderson, Secretary Proved or types name and title
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 duites, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: C T Corporation System By: C T Corporation System By: G T Corporation System By
Signature of Registered Agent If signing on behalf of an entity:
an eighning on overall or all chilly.
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

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