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SECRETARY OF SIMILE DIVISION OF CORPCIONTION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Financial Engineering Allignes, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Nicholas L. Gregory Name of Person Name of Person Firm/Company		
Y83 Equine Address		
Taypen Springs FL 34684 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sally Schedules at (72) 2244 4/14 Name of Person Area Code & Davrime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: The Fig. 2 (a) Principal office address of limited liability compa	nancial Engineering Alliance LU
2 (a) Principal office address of limited liability compa	ny: * 162 Equine Dr.
(Note: MUST BE STREET ADDRESS)	Talpon Springs FL 3468
(b) Mailing address of limited liability company:	P.O. Bex 249
(Note: MAY BE POST OFFICE BOX)	Tarpon Springs, FL 34687
3/23/2001	1000000628F
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Nicholas L. Gregory
Registered Office Address: 19 N Suite 111	761 Equine Br
Registered Office Address: 19 N. Suit 116 25400 M. J. Hay. 19 N. Suit 116 Clearweter, FL 13 763	Lagar spings, KL Trail
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	By Registered Office address.
	Margan Salines
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Led Equine Vive auxquit
	144 904 50 4.19 5 12 43767 3740
If the limited liability company is not organized under the 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 ide liability company, it is hereby confirmed that the change	e(s) was/were authorized by an affirmative vote
of the members of the limited liability company or as otler or the operating agreement of the limited liability company	herwise provided in the articles of organization.
Milate L. Horges Michael	L. Marin SECT VISION
Signature of a member or authorized representation of a member	B SEE
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the	d agree to act in this capacity. I further agree To
comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my charter 808 F.S. Or if this document is being sled to	proper and complete performance of my duties = position as registered agent as provided of in
and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	any has been notified in writing of this change.
Signature of Registered Agent	CA L. 1849