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Office Use Only

**75,00

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.

1. The name of the limited	name of the limited liability company is: McDirmit Davis Financial Advisors, LLC						
2. The mailing address of	the limited liability cor	npany is :	601 E. Robinson Street,	, Suite 6	335		
Orlando, Florida 32801		1 ,					
May 15, 2001	_		£01000007805	-		*	
3. Date of filing/registration	on in Florida		4. Document number				
5. The name of the register Florida Department of S	State: Charles W. Puckett	<u> </u>	address as shown on the re	cords of	fthe		
	605 E. Robinson Str	Name eet, Suite	635				
	Orlando, Florida 32	Address 801 State and 2	lip	 		. •	
6. The name and address of	of the new registered ago	ent and/or	office:				
	Elden G. McDirmit						
	605 E. Robinson Str	iame eet, Suite	635		િ જ	-7',	
-	Florida street address	(P.O. Box	NOT acceptable)		;		
	Orlando	FL 3280)1	1 ² .			
•	City, St	ate and Zij)	مر مرز	سيندور ملاين د		
confirmed that after the ch and the business office of liability company, it is her	ange or changes are mathe registered agent will eby confirmed that the dilability company or a f the limited liability co	de, the Flo I be identic change(s) s otherwise mpany.	ws of the State of Florida, in orida street address of the re- cal. Or, in the case of a Flo- was/were authorized by an a e provided in the articles of	egistered rida lim affirmat	l office ited ive vot	te of	
Elden G. McDirmit				_			
(Printed or typed name of signee)			•				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and ag to the pro of my pos led to mer company	ree to act in this capacity, per and complete performa ition as registered agent as ely reflect a change in the r has been notified in writing	I further nce of n provide egistere g of this	r agree iy dutio id for i id offic chang	? 10 es, n e e.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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FILING FEE: \$25.00