

L02000015350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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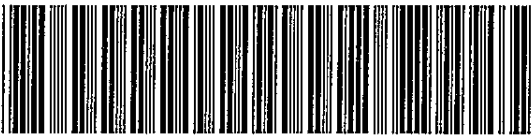
(Business Entity Name)

L02 ✓ 15350
(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 22, 2002

PREFERRED FINANCIAL SERVICES, LLC
2915 SAN PEDRO DRIVE
NEW PORT RICHEY, FL 34655

SUBJECT: PREFERRED FINANCIAL SERVICES, LLC
Ref. Number: L02000015350

We have received your document for PREFERRED FINANCIAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 302A00063190

**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 liability company is: PREFERRED FINANCIAL SERVICES
2. The mailing address of the limited liability company is : 2915 SAN PEDRO DR
NEW PORT RICHEY, FL 34655

3. Date of filing/registration in Florida 6.19.02
4. Document number LO2000015350

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BUSINESS FILINGS INC.
Name
1000 WEST AVE, SUITE 1114
Address
MIAMI BEACH, FL 33139
City, State and Zip

6. The name and address of the new registered agent and/or office:

BRUCE MOTT
Name
2915 S 6837 U.S. HWY 19
Florida street address (P.O. Box NOT acceptable)
NEW PORT RICHEY FL 34625
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bruce P. Mott
(Signature of a member or authorized representative of a member)

BRUCE P. MOTT
(Printed or typed name of signee)

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bruce P. Mott
(Signature of Registered Agent)

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