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.

(((H100001240573)))



H100001240573ABCU

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)617-6383

From;

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

used for future

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

PECEIVED

10 MAY 25 PM 4: 55
SECRETARY OF STATE
ALLAHASSEE, FLORIGIA

OSUMS

OS

The state of the s

## LLC REGISTERED AGENT CHANGE SUNSOUTH FLORIDA FINANCIAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A. LUNT
MAY 2 6 2010

EXAMINER

## 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. Name of the limited liability company:	SUNSOUTH FLORIDA FINAN	NCIAL GROUP, LLC	<u>c</u>
2. (a) Principal office address of limited liability	ompany: 300 N. Wa	300 N. Waukesha St., Bonifay, FL 32425	
_[X] (Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability compar	: PO Box 65, I	PO Box 65, Bonifay, FL 32425	
(Note: MAY BE POST OFFICE BOX)			<del></del>
12/10/2002	L02	2000033091	201
3. Date of filing/registration in Florida	4. Document numb	жет 🤰	2010 MAY
5. (a) Registered Agent and Registered Office st	wn on the records of the Fi	£/3	ate: 🔀
Registered Agent:	Michael A. Modley	<u> </u>	
Registered Office Address:	300 N. Waukesha St. Bonifay, FL 32425	FLERRING	
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	or NEW Registered Office		
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRE	S) Plantetion,	1200 South Pine Island Road  Plantation, FL 33324	
If the limited liability company is not organized un confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.  Signature of a member or authorized representative of a member	e, the Florida street address be identical. Or, in the case sange(s) was/were authorize	s of the registered e of a Florida limi ed by an affirmat	l office ited ive vote
Thomas M. Huth, Manager Printed or typed name of signee  I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fixed address. I hereby confirm that the limited liability	) he proper and complete f f my position as registered d to merely reflect a chang ompany has been notified t	apacity. I further verformance of m agent as provide e in the registere in writing of this i	· agree to y duties, d for in d office change.
M. E. Joses, Asst. Scolly Division of Corporations, P.O.	<b>żei</b> E. Jonos stant S <del>e</del> cratory Box 6327, Tallahassec, FI FEE: \$25.00	L 32314	

INHS18 (05/08)

By: