

LO3000036977

P.01

Florida Department of State  
Division of Corporations  
Public Access System

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.

((H06000002389 3)))

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) 205-0380

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

RECEIVED  
06 JAN -5 AM 8:00  
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

STUDENT CONSOLIDATION LOAN AGENCY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Name Availability	
Document Examiner	DCC
Update	DCC
Updater Verifier	DCC
Acknowledgment	DCC

Electronic Filing Menu

Corporate Filing Menu

SECRETARY OF STATE  
FLORIDA  
TALLAHASSEE

2006 JAN -5 AM 10:02

FILED

<https://efile.sunbiz.org/scripts/efilcovr.exe>  
W. P. Verity

1/4/2006

# 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: STUDENT CONSOLIDATION LOAN AGENCY LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

PO Box 5197, Whitefish, Montana 59937

9/24/2003

L03000036977

3. Date of filing/registration in Florida

4. Document number

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

John Doering

Name

801 West Bay Drive, Suite 418

Address

Largo, Florida 33770

City, State and Zip

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

Business Filings Incorporated

Name

1203 Governors Square Blvd, Suite 101

Florida street address (P.O. Box NOT acceptable)

Tallahassee,

FL 32301-2960

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.

John Doering  
(Signature of a member or authorized representative of a member)

John Doering, Member

(Printed or typed name of signer)

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.

John Doering  
(Signature of Registered Agent)

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

BH518(10/99)

FILING FEE: \$25.00

4060000023893

TOTAL P.02

2006 JAN - 5  
SECRETARY OF  
TALLAHASSEE

FILE