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2001 JAN -2 P 3 39
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: Choice Lendi	ng Group, LLC (Name of Limited Li	ability Company)	·	
Dear Sir or Madam:				
The enclosed Registered Agent	/Registered Office Cha	inge and fee(s) are submitted	d for filing.	
Please return all correspondence	e concerning this matte	er to the following:		
John H. Capiro (Name of P	erson)			
Trade Winds Investme (Firm/Com)	pany)		2001 JAN SECRETA TALLAHAS	<u> </u>
8461 Lake Worth Rd., S			1-2 ARY SSE	
(Address). [5	्रविष्ट प्रमाण १९ है। इस्तर क्षेत्र क्षेत्र क्षेत्र के स्वर्भ	5. F. S. 20. D.	FILED
Lake Worth, FL 33467 (City/State and	Zip Code)		MN -2 P 3: 39 ETARY OF STATE HASSEE, FLORIDA	
For further information concern	ning this matter, please	call:		
John H. Capiro (Name of Person		1 <u>)</u> 340-1431 (Area Code & Daytime	: Telephone Nu	mber)
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	ircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	r the following amoun	nt:		
 ▼ \$25 Filing Fee	. [355 Filing Fee & Certifie	d Copy	

in youth the transfer to

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 limite	ed liability company	is: Chol	ce Lending Group,	LLC			
2. The mailing address o	f the limited liability	v compan	y is : <u>8461 Lake V</u>	Vorth Rd	., Ste 1	61	
Lake Worth, FL 33467							
8/24/04			L04000062	2767			
3. Date of filing/registration in Florida			4. Documer	nt number	<u> </u>		
5. The name of the register Florida Department of		egistered	office address as sh	own on t	he recor	ds of t	he
•	Trade Winds I		ent Partners, I	nc			
		Nam					
	3900 Woodlake						
	_	Addre	ess				
	Greenacres, FL	33463					
	Cı	ity, State	and Zip		ZΩ	~	
6. The name and address	of the new registere	d agent a	nd/or office:		ECRE LAH	101 JAN	П
	Trade Winds In	vestme	nt Partners, Inc) .	AS A	2	
		Name			SE ₹	ż	1
	8461 Lake Wort	<u>:h Rd., S</u>	Ste 161		- P	ס	
	Florida street add	ress (P.O	Box NOT accepta	ble)	STAT	بپ	O
	Lake Worth	FL	33467		₽E F	βq	
	City	y, State ai	nd Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Structure of a member or authors)	hange or changes are fithe registered agent ereby confirmed that mited liability compant of the limited liab	e made, to t will be in the change any or as dility comp	he Florida street ad dentical. Or, in the ge(s) was/were auth otherwise provided	dress of the case of a case of a	he regis i Florida y an affi	stered c a limite irmativ	office ed e vote
John H. Capiro							
(Printed or typed name of signee							
I hereby accept the appo comply with the provision and Ilam familiar with an Chapter 108, F.S. Or, if addiess I hereby Aontirn	intment as registere is of all statutes rela id accept the obligat this document is bei i that the limited lial	d agent a utive to th tions of m ng filed to bility com	nd agree to act in t e proper and comp y position as regist o merely reflect a c pany has been noti	his capac lete perfo ered ager hange in s fied in wr	ity. I furmance it as protine regination of	irther of my of my ovided stered this cl	igree to duties, for in office iange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00