W4000072468

Mike Lyons (Floring Student Loo (Requestor's Name) Financial Sex (Address) 612 Channing Drive (Address) Palm Harbor, FL 34684	fuces (LC) 600046254266
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	MJH
(Document Number) Certified Copies Certificates of Status	02/16/8501053⊍32 **:5.90
Special Instructions to Filing Officer:	05 FEB 16

Office Use Only

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 limit	ed liability company is:	Florida S	Student Loar	Financial Ser	vices,	LLC
2. The mailing address o						
Clearwater, FL 33763		······				
10/15/04			L040000	72468		
3. Date of filing/registrat	tion in Florida		4. Docume	nt number		
5. The name of the register Florida Department of	State:		address as sh	own on the reco	ords of	the
	Frederick C. Cornel					
	2025 Pinehurst Dr.	Name				
	Clearwater, FL 337	Address				_
		State and Z	ip	<u> </u>	2 .	051
6. The name and address	•		•		:	FEB 16
	Megan S. Price					
	7956 Village Green	Vame Rd.				PH 3: 1:5
	Florida street address	(P.O. Box	NOT accepta	able)	- 1. 	- -
	Orlando,	FL 328	18		*	
	City, S	tate and Zip)			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are manded in the registered agent with the reby confirmed that the condition of a second control of the cont	ade, the Flo Il be identic change(s) vas otherwise ompany.	orida street ad cal. Or, in the was/were auth c provided in	dress of the regi case of a Florid orized by an af	istered da limi firmati	office ted ve vote of
(Signature of a member or author	wired representative of a member	2/9/0	5			
	manage cooling to or a mount	~,				
Frederick C. Cornell (Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)		gent and ag to the prof s of my posi- iled to mercy y company	ree to act in t per and comp ition as regisi ely reflect a c has been noti	his capacity. I lete performand ered agent as p hange in the ret fied in writing (further ze of my rovided zistered of this c	agree to v duties, 1 for in 1 office change.
Di-Jul	and the second s	O Day 622	7 Tallahara	EF 22214		

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

FILING FEE: \$25.00

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