## 05000047999

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		<del></del>

Office Use Only



800066953678

03/03/06--01061--008 \*\*25.00



105 47999 105 Al

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Finley Group (Name of )	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Carole Rosenberg		
(Name of Person)		
The Finley Group		
(Firm/Company)		
8377 Waterford Circle		
(Address)		
Tamarac, FL 33321	6	
(City/State and Zip Code)		
For further information concerning this matt	itter, please call:	
Randy Gross	at ( 212 ) 908-0122	
(Name of Person)	(Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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: The Finle	y Group	
2. The mailing address of the limited liability company is	8377 Waterford Circle	
Tamarac, FL 33321		
2/3/06	105-41999	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered offic Florida Department of State:	e address as shown on the records of the	
The Company Corporation	on	
Name		
2711 Centerville Road		
Address Wilmington DE 10808	Control of the second	
Wilmington, DE 19808 City, State and Zip		
6. The name and address of the new registered agent and/or office:		
Carole Rosenberg	NOT aggestable)	
Name 8377 Waterford Circle		
	NOT againstable	
Florida street address (P.O. Box	. NOT acceptable)	
Tamarac, FL 33321, FL		
City, State and Zi	p	
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
(Signature of a member or authorized representative of a member)	-	
Leady Bash		
(Printed or typed name of signee)	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
(Signature of Registered Agent)		
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314	

**FILING FEE: \$25.00**