LD5000052243

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>. </u>
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	LS
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SECRETARY OF STATE

COVER LETTER

	ion Section of Corporations							
SUBJECT: The	e Lending Group, LLC							
(Name of Limited Liability Company)								
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.							
Please return all co	orrespondence concerning this matter to the following:							
	Allen C. Lo							
	(Name of Person)							
	The Lending Group, LLC							
	(Firm/Company)							
	220E C. Historian Band, Cuita 244							
2295 S. Hiawassee Road, Suite 211 (Address)								
	(Taddess)							
	Orlando, Florida 32835							
(City/State and Zip Code)								
For further informa	ation concerning this matter, please call:							
Allen C. Lo	.321.293_8000							
<u></u>	Name of Person) at (321) 293-8000 (Area Code & Daytime Telephone Number)							
Enclosed is a check f	for the following amount:							
\$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 19, 2007

ALLEN C. LO 2295 S. HIAWASSEE ROAD SUITE 211 ORLANDO, FL 32835

SUBJECT: THE LENDING GROUP, LLC

Ref. Number: L05000052243

We have received your document for THE LENDING GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 907A00055203



October 1, 2007

ALLEN C. LO 2295 S. HIAWASSEE RD., STE. 211 ORLANDO, FL 32835

SUBJECT: THE LENDING GROUP, LLC

Ref. Number: L05000052243

We have received your document for THE LENDING GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The original document submitted was missing the acceptance and signature of the new registered agent. Two separate forms have now been submitted for filing and each form submitted has its own filing fee. You can either send additional money for the second form submitted or submit all changes on the Articles of Amendment along with the registered agent acceptabce and signature and the fee already paid will be applied.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 707A00057253

Leslie Sellers Document Specialist

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	s: The L	ending Group, LLC			
2. The mailing address of	of the limited liability	compan	y is : 2295 S. Hiawassee	Road, Suite	211	
Orlando, Florida 32835						
	-					
05/25/2005 L05000052243			1			
3. Date of filing/registra	tion in Florida		4. Document nur	nber		
5. The name of the regist Florida Department of	ered agent and the reg State:	istered	office address as shown	on the recor	ds of th	ne
·	Joshua A. Champ	ion		Ec	290	
		EC	2001 OCT 19			
•	6312 Buford Street	至	CT	e ij		
	Address					
	Orlando, Florida 32835 City, State and Zip					
	City	y, State	and Zip	E PES	PM I÷:	<u> </u>
6. The name and address	of the new registered	agent a	nd/or office:	ORIO STATE	կ։ 25	**ecre
	Allen C. Lo			72	Ų,	
	2295 S. Hiawassee	Name Road,				
	Florida street addre	ess (P.O	. Box NOT acceptable)			
	Orlando	Fſ.	32835			
		State a				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lior the operating agreement the operating agreement the capacitation of the member of authority of the capacitation of the capacitatio	mpany is not organize change or changes are f the registered agent ereby confirmed that t mited liability comparent of the limited liabil prized representative of a men	d under made, t will be he chan ny or as lity com	the laws of the State of Ithe Florida street address identical. Or, in the case ge(s) was/were authorize otherwise provided in the pany.	of the regis of a Florida ed by an affi e articles of	itered o a limite irmative organi	ffice ed e vote zation
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608 F.S. Or, if address, Thereby confirm	ns of all statutes relating accept the obligation this document is being that the limited liabi	ive to the ons of notice to the one of the original to the ori	in agree and complete p ny position as registered o merely reflect a change npany has been notified i	performance agent as pro e in the regi n writing of	of my ovided stered this ch	duties, for in office ange.

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

re of Registered Agent)