L05000086257

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.

(((H06000184275 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
06 JUL 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

RECEIVED
06 JUL 19 AM 8:00
DIVISION OF CORPORATIONS

FINANCIAL LIFE SERVICES FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

N. Ottilgen JUL 20 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: Financial Life Services FL LLC

2. The mailing address of the limited liability company is: 4 Stamford Plaza
107 Elm Street; Stamford, CT 06902

8/31/05
3. Date of filing/registration in Florida

L05000086257
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:

Florida Filing & Search Services, Inc.
Name
1333 North Duval Street
Address
Tallahassee, FL 32303
City, State and Zip

FILED
06 JUL 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
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.

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

MICHAEL KAUFMAN
(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 hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
(Signature of Registered Agent)

Juan Grajeda, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: 325.00

INES18 (8/05)