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(R	equestor's Name)	_
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(C	ity/State/Zip/Phone #	<del>)</del>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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	Office Use Only	diff



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Southern Financing LL (Name of	C 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:	
Willi Schneider		
(Name of Person)		
Southern Financing LLC (Firm/Company)	O6 JAN -3 PH SECRETARY OF TALLAPASSIE FI	·
12730 New Brittany Blvd #416A	PH 3:	į
(Audioss)	Nu 2	
Fort Myers, FL 33907	· · · · · · · · · · · · · · · · · · ·	<b></b> .
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Willi Schneider	at (_239)_464-3385	
(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 followi	ing amount:	
\$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.

The name of the limited liability company is: Southern Financing LLC			
2. The mailing address of the limited liability company is : 12730 New Brittany	Blvd #416A		
Fort Myers, FL 33907	<u> </u>		
9-19-2005 L05000095859			
3. Date of filing/registration in Florida 4. Document numb	per		
5. The name of the registered agent and the registered office address as shown on Florida Department of State:	the records of the		
Willi Schneider Name	·		
21301 S Tamiami Tr #320-195			
Address			
Estero, FL 33928			
City, State and Zip	06 7 <u>A</u> £		
6. The name and address of the new registered agent and office:	JAN FAR		
Willi Schneider			
Name 12730 New Brittany Blvd #416A			
Florida street address (P.O. Box NOT acceptable)	3:		
Fort Myers FL 33907			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the agent of the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	orida, it is hereby the registered office f a Florida limited by an affirmative vote articles of organization		
Willi Schneider			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change is address, I hereby ponfirm that the limited liability company has been notified in v	icity. I further agree to formance of my duties, ent as provided for in I the registered office writing of this change.		

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

(Signature of Registered Agent)