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APR 27 PH 12: 34
SECRETABLE OF STATE

CORPORATE DIRECT, INC.

60 East Simpson Avenue Post Office Box 2869 Jackson, Wyoming 83001

877-683-9343 Toll Free info@corporatedirect.com

April 23, 2007

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

Re: Guiding Light Financial, LLC

To Whom It May Concern:

Enclosed for filing, please find original and one copy of a statement of changes registered office or registered agent or both for Limited Liability Company.

Once filed, please provide our office with a file stamped copy for our records.

As always, should you have any questions or need further assistance, please do the hesitate to contact our office.

Sincerely,

Annette C. Finch

Account Representative

acf encl

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GUIDING LIGHT FINA (Name o	ANCIAL, LLC f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
ANNETTE FINCH	
(Name of Person)	_
CORPORATE DIRECT, INC. (Firm/Company)	OT APR
2248 MERIDIAN BLVD. STE H	OT APR 27 PH 12: 34 SECRETARY OF STATE TALL APPRESSEE. FLORID
(Address) MINDEN, NV 89423	STATE STATE
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
ANNETTE FINCH	at (775) 782-1302
(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 follow	ving 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.

agein, or com, in the state of I tortage.		
1. The name of the limited liability company	is: GUIDING LIGHT FINANCIAL, LLC	·•
2. The mailing address of the limited liability	company is: 2248 MERIDIAN BLVI	D. STE H
	MINDEN NV 89423	·
03/21/06	L06000029418	
3. Date of filing/registration in Florida	iling/registration in Florida 4. Document number	
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown on the	e records of the
MALLER, KAF	REN	
1 PROGRESS	Name PLAZAS NO. 1210	
ST. PETERSBU	Address IRG FL 33701	
	ty, State and Zip	
6. The name and address of the new registered	d agent and/or office:	
GERRI DETWE	EILER	OT APR 27 PH 12: 34 SECRETARY OF STATES TALLAHASSEE FLORIDS
1037 GREYSTO	Name	PACE PA
	ress (P.O. Box NOT acceptable)	R 27 P
	•	2 P
SARASOTA	FL 34232	— F.S.
•	y, State and Zip	A 34
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liability.	e made, the Florida street address of the will be identical. Or, in the case of a I the change(s) was/were authorized by a	a, it is newby e registered office Florida limited an affirmative vote
my		
(Signature of a member of authorized representative of a me	mber)	
Nancy Lake	 	
(Printed or typed name of signee) I hereby accept the appointment as registered comply with the provisions of all statutes related to the provisions of the provisions	d agent and agree to act in this capacit tive to the proper and complete perfori	y. I further agree to nance of my duties
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is bei address, I hereby confirm that the limited liab	ions of my position as registered agent ng filed to merely reflect a change in th vility company has been notified in writ	as provided for in e registered office ing of this change.
(Signature of Registered Agent)		

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