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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE		DIMARCO FINANCIAL SERVICES, LLC				
30001		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office C	Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning this ma	atter to the	following:			
Williar	n R. Heitz, Esq.					
	Name of Person					
HEITZ	LAW FIRM PLLC					
	Firm/Company					
2875 S	outh Ocean Drive, Suite 200-19					
	Address					
Palm B	Beach, Florida 33480					
	City/State and Zip Code					
wheitz	@heitzlaw.us					
Е	-mail address: (to be used for future annual r	eport noti	fication)			
For fur	ther information concerning this matter, plea	se call:				
Nathan	vander Wal, Esq. a	585 t (272-7760			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amo	ount:				
	■ \$25 Filing Fee	□ \$	555 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 605.0114 or 605.0116, 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. Na	nme of the limited liability company:DIMARCO FIN	ANCIAI	SERVICES.	, LLC		
2. (a)	4938 SANCTUARY LANE		1950 BRIGHTON HEN TLR			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·· ···		Mailing address of limi (Note: MAY BE PO		
	BOCA RATON, FL 33431	_	ROCHES	STER, NY 14623		
	05/17/2006	_	L06000050	0881		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a)	CORPORATION SERVICE COMPANY					
, (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florie	da Dept. of Sta			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>			
	TALLAHASSEE, FI	L_32301	_	_	2921	
(h)	JOHN L. DIMARCO, SR.				مدي د	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				÷ ,	
	4938 SANCTUARY LANE			_		
	NEW Registered Office Address:				<u>ဂ</u>	
	BOCA RATON FI	33431		_		
change agent w was/we he arti	imited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	register ability co of the lin- limited	red office an ompany, it i nited liabilit liability con	nd the business officisis hereby confirmed ty company or as of inpany.	te of the registered that the change(s) therwise provided in	
<u>L</u> Signat	ure of a member or authorized representative of a member		Willian	Printed or typed name	es of signee	
provision he obli o merc	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change.	nerforn	iance of my	duties, and I am fan	niliar with and accept	
Siknatur	re of Registered Agent					