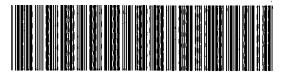
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(Re	equestor's Name)	·····		
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PICK-UP	MAIT WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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~	COVER	LETTER	
	Legistration Section Division of Corporations		
SUBJEC	CT: Trans Apperica Finance (Name of Limited)	Liability Company)	
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	*
Please re	turn all correspondence concerning this ma	tter to the following:	
ρ_=	RLA MORALES (Name of Person)	·	OIVISION OT JU
TRAN	SHWERICA FINANCIA (Firm/Company)	e Glouf, hhe.	OT JUN 22 PM 12: 41
<u>385</u>	Center Pointe Cercle (Wik 1305	12: 41
ALta	monte Springs FL. 3 (City/State and Zip Code)	<u>270</u> ∫	
For further	er information concerning this matter, pleas	se call:	
PE	(Name of Person)	(Area Code & Daytime Telephone	Number)
Ro Di Cl 26	rretr/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	 nclosed is a check for the following amou	nt:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

101-0-4	,
1. The name of the limited liability company is: TRANS AMERICA FINANCIAL G	οų
2. The mailing address of the limited liability company is :	
385 Center Pointe Circle, Suite 1305. Altamonte Springs, FL 32	70
385 Center Pointe Circle, Suik 1305. Altamonte Springs, FL 32 11 17 06. 3. Date of filing/registration in Florida 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: RA resigned on 12/01/06 Name	
Name / /	
Address O7 JUN SECRETARY City, State and Zip 6. The name and address of the new registered agent and/or office:	
City, State and Zip	
6. The name and address of the new registered agent and/or office:	
Mongoth Husseln Name 385 Center pointe Circle, Swite 1305 Florida street address (P.O. Box NOT acceptable)	
Altamonte Springs FL 32701 City, State and Zip	
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. (Stendard of a member or authorized representative of a member)	
Perla Morales (Printed or typed name of signee)	
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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	

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