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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Athena Premium Funding III,	· · · · · · · · · · · · · · · · · · ·
(Name of Lir	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Steven H. Levenson	
(Name of Person)	
SHL Holdings, LLC Attn: Mr. Steven	H. Levenson
(Firm/Company)	
950 Peninsula Corporate Circle, Suite 20	15
(Address)	
, ,	
Boca Raton, FL 33487	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
	et (561) 994-4804
(Name of Person)	(Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	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.

1. The name of the li	mited liability company is: A	thena Premium Funding III, LLC		
2. The mailing addre	ss of the limited liability com	pany is : 950 Peninsula Corporat	e Circle, Suite 2015	
Boca Raton, FL 33487	,			
03/30/2007		L07000034154		
3. Date of filing/registration in Florida 4. Docum		4. Document numbe	r	
5. The name of the re Florida Departmen		red office address as shown on t	he records of the	
•	Steven Levenson			
	N	lame		
950 Peninsula Corporate Circle, Suite 2015				
	Ac	ldress	~	
Boca Raton, FL 33			AS IS	
	City, Sta	ate and Zip	2007 AUG SECRETT TALLAHA	
6. The name and addr	ess of the new registered ager	nt and/or office:	HASSET	
	SHL Holdings, LLC Att	n: Mr. Steven H. Levenson		
	Na	me	PM 4: 1 OF STATI	
	950 Peninsula Corporate	e Circle, Suite 2015	93 5	
	Florida street address (F	P.O. Box NOT acceptable)	PH 4: 13 OF STATE OF FLORIDA	
	Boca Raton J	FL 33487		
	City, Stat	e and Zip		
confirmed that after it and the business offic liability company, it i of the members of the or the operating agree	ne change or changes are mad e of the registered agent will l s hereby confirmed that the ch	der the laws of the State of Flore, the Florida street address of the identical. Or, in the case of an ange(s) was/were authorized by as otherwise provided in the art ompany.	the registered office a Florida limited y an affirmative vote	

Steven H. Levenson (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.

(Signature of Registered Agent)