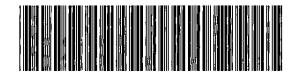
107000059136

((Requestor's Name)	
<u> </u>	(Address)	
· (천) 24 - 출크, 국민국 대학	, (441000)	
	(Address)	
) () }	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer	
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SEGRETARY OF STATE

D. BRUCE
APR 17 2008
EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Financing by IAM, LLC			
(Name of	Limited Liab	oility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter t	to the following:	
Helene Crockett			
(Name of Person)		08 / SEE	
Financing by IAM, LLC		ARETA AHAS	
(Firm/Company)		SEE. O	
2775 E. Oakland Park Boulevard, Suite	e 10	OF STATE	
(Address)		7.5 10A	
Ft. Lauderdale, Florida 33306			
(City/State and Zip Code)			
For further information concerning this mat	ter, please ca	J1:	
Hans Kraaz, Sr.	at (_800	955-1501	
(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	ng amount:	•	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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 limite	ed liability company is:	Financing by IAM, LLC		
		ompany is: 2775 East Oak	and Park Boulevard	
Suite 10, Ft. Lauderdale, Fi				
June 5, 2007		****	L07000059136	
3. Date of filing/registrat	ion in Florida	4. Documen	t number	
5. The name of the registe Florida Department of		stered office address as sho	own on the records of the	
•	Worldwide Corpora			
		Name		
	2727 E. Oakland Par	k Boulevard, Ste. 10	•	
	Et Laudandala Ciad	Address		
	Ft. Lauderdale, Florid	State and Zip		
	-	•	08 SE ALL	
6. The name and address	of the new registered a	gent and/or office:	APR APR	
	Helene Crockett		R IA	
		Name	388	
	2775 E. Oakland Par	k Boulevard, Ste. 10		
	Florida street addres	s (P.O. Box NOT acceptal	20.25	
	Ft. Lauderdale	FL 33306	7.6 116A	
	City,	State and Zip		
confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are not the registered agent we reby confirmed that the nited liability company of the limited liability was confirmed that the company of the limited liability was a second to the liab	ill be identical. Or, in the e change(s) was/were auth or as otherwise provided y company.	ress of the registered office	
Helene Crockett				
(Printed or typed name of signee))	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	igent and agree to act in the e to the proper and compl is of my position as registe filed to merely reflect a ch ty company has been notif	nis capacity. I further agree to ete performance of my duties, red agent as provided for in ange in the registered office ied in writing of this change.	
(Signature of Registered Agent)	ockell			

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