

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations Fax Number

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AUG 27 2009

From:

Account Name

: CORPORATE CREATIONS INTERNATIONA

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

REGISTERED AGENT CHANGE

FORMAN FINANCIAL OF LAKELINE, LLC

Certificate of Status	0
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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	08.416 or 608,508, Florida Statutes, the undersigned limited liability company to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability comp	any is: FORMAN FINANCIAL OF LAKELINE, LLC
2. The mailing address of the limited flab	ility company is: 75 NE 6TH AVE STE 101
DELRAY BEACH FL 33483	
8/23/2007	1.07000086602
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
BRETT	DFORMAN
	Name
75 NE 61	Address
13E1 P & 3	/ BEACH FL 33483
BEEION	City, State and Zip
3. The name and address of the new regis	
	e Creations Network Inc.
	Name
	osperity Farms Road #221F
	a street address (P.O. Box NOT acceptable)
Palm Bea	ch Gardens Fig. 33410
	City, State and Zip
or changes are made, the Florida street acidentical. Or, in the case of a Florida lim	antized under the laws of the State of Florida, it is hereby confirmed that after the change biress of the registered office and the business office of the registered agent will be itted liability company, it is hereby confirmed that the change(s) was/were authorized by a limited liability company or as otherwise provided in the articles of organization or ability company.
Signature of a member or turnorized represe	ntative of a member)
BRETT D. FORMAN, MGR by Diana Urrego as attorney-in-fa (Printed or Typed name of signee)	
I hereby accept the appointment as regis, of all statutes relative to the proper and my position as registered agent as provide	tered agent and agree to act in this capacity. I further agree to comply with the provision. complete performance of my duties, and I on familiar with and accept the obligations of led for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change confirm that the limited liability company has been notified in writing of this change.
1 CADDINA	Hans Urrego, Special Secretary
(Signature of Registered Ment)	**************************************
Division of Cor	porations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107 SECRETARY OF STATES
TALLAHASSEE FLORIDA
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