## L08000001670

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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section				
Division of Corporations				
SUBJECT: Nox Financial LLC				
(Name of L	imited Liab	ility Company)		
	•			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter:	to the following:		
		in the second way		
`.				
Raymond Leyva				
· (Name of Person)		<del></del>		
		<u></u>		
(Firm/Company)				
5000				
5606 Branch St				
(Address)		· · · · · · · · · · · · · · · · · · ·		
Hollywood, FL 33021				
(City/State and Zip Code)		<del></del> .		
For further information concerning this matter	er nlease ca	\$1.		
To further information concerning this matter	or, picase ca	11.		
Raymond Leyva	at ( 954	347-3136		
(Name of Person)	_at ( <u></u>	(Area Code & Daytime Telephone Number)		
		,		
STREET/COURIER ADDRESS:	M	AILING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the followin	g amount:			
<b>✓</b> \$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	d liability compar	ny is: Nox Fin	ancial LLC		
2. The mailing address of	the limited liabili	ity company i	s : 11660 Windsor Bay	Pl	
Wellington, FL 33449					
01/15/08	,		L08000001670	•	
3. Date of filing/registration in Florida		_	4. Document number		
5. The name of the registe Florida Department of S		registered of	fice address as shown o	on the records of the	
• .	Vaughn Lemoir	ne			
		Name		•	
	11660 Windsor E				
. Address				TASE 88	
Wellington, FL 33449  City, State and Zip		GR 7			
6 The name and address a		•	•	AND OF THE PARTY O	
6. The name and address of	of the new register	red agent and	or office:	SSI	
•	Raymond Leyva	1		Ha R	
		Name		AMII: 50 EE FLORI	
	5606 Branch St			:58 ORID	
	Florida street ad	ldress (P.O. B	ox NOT acceptable)	D	
	Hollywood,	FL	33021		
	Ci	ity, State and	Zip		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreemen	nange or changes a the registered age reby confirmed tha nited liability com	are made, the ent will be ide at the change pany or as oth	Florida street address ntical. Or, in the case s) was/were authorized from the provided in the	of the registered office of a Florida limited	
(Signature of a member or authori	zed representative of a	member)	<del></del>		
Vaughn Lemoine					
(Printed or typed name of signee)			<del></del>		
I hereby accept the appoing the comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as register s of all statutes re l accept the oblige his document is be that the limited lic	red agent and lative to the p ations of my p eing filed to n ability compa	agree to act in this ca proper and complete pe position as registered a perely reflect a change my has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.	
(Signature of Registered (gent)					

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