## 10900002255

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



400199475854

04/04/11--01040--014 \*\*25.00

2011 APR -4 PH 121 3.1
SECRETARY OF STATE

T. CLINE APR - 5 2011

**EXAMINER** 

## CHARLES COYLE & COMPANY, INC. 1366 Bailey's Corner Marietta, GA 30062-2074

Phone: 770-321-0678 Fax: 770-321-1134 ccoyle3621@aol.com

Date:

3-17-2011

To:

FL Sec of State

From:

Charles Coyle

RE: Galaxy Student Lending, LLC (FL)

1- Please file the enclosed: Change of Registered Agent and Address, \$25

2- PLEASE RETURN EVIDENCE to:

- envelope enclosed -

TO: CHARLES COYLE & COMPANY, INC. 1366 Bailey's Corner Suite B
Marietta, GA 30062-2074

Please call me with any questions.

2011 APR -4 PH 12: 3.1
SECRETARY OF STATE

## 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. Name of the limited liability company:  | Galaxy Student Lending, LLC   |
|--|---|
| 2. (a) Principal office address of limited liability compa   | any:  |
| (Note: MUST BE STREET ADDRESS)   | 331 N. Monroe Street<br>Tallahassee, FL 32301   |
| (b) Mailing address of limited liability company:  |   |
| (Note: MAY BE POST OFFICE BOX)   | 331 N. Monroe Street<br>Tallahassee, FL 32301   |
| 3-6-2009   | L09000022255  |
| 3. Date of filing/registration in Florida  | 4. Document number AS   |
| 5. (a) Registered Agent and Registered Office shown of   | on the records of the Florida Dept. Aristate  |
| Registered Agent:  | National Registered Agents Affic.   |
| Registered Office Address:   | 2731 Executive Park Drive TO  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>  | EW Registered Office address:   |
| NEW Registered Agent:  | NRAI Services, Inc.   |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)  | 515 East Park Avenue  |
|  | Tallahassee ,FL32301  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member Darrell T. Hanna, CEO of Galaxy Student Lending, LLC | e Florida street address of the registered office entical. Or, in the case of a Florida limited etcs) was/were authorized by an affirmative vote herwise provided in the articles of organization   |
| Printed or typed name of signee  | <del></del>   |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compounds NRAI Services. Inc.   | d agree to act in this capacity. I further agree to<br>proper and complete performance of my duties,<br>position as registered agent as provided for in<br>merely reflect a change in the registered office<br>any has been notified in writing of this change. |
| Signature of Registered Agent Charles Coyle - Assistant Secretary Division of Corporations, P.O. Box   | 6327, Tallahassee, FL 32314   |

FILING FEE: \$25.00