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COVER LETTER .

TO: Registration Section Division of Corporations		
SUBJECT: US FINANCIAL INVE	ESTMENT PARTNERS, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOHN WATSON		
Name of Person		
NORTHLAKE CAPITAL PARTNERS		
Firm/Company		
205 SOUTH OCEAN GRAND DRIVE #1	02	
PONTE VEDRA BEACH, FLORIDA 32082		
City/State and Zip Code		
BERTWATSONJR@GMAIL.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
JOHN WATSON at (517) 376-2072	
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 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.

(Note: MAY BE POST OFFICE BOX) MAY 06, 2009 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited, liability company it is hereby confirmed that then the street agent will be identical. Or, in the case of a Florida limited, liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. JOHN F WATSON 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 in the registered office address. For if this document is being filed to merely reflect a change in the registered office address. Where the obligations of my position as registered agent in the registered office address. Where the obligations of my position as registered agent in the registered office address. Where the obligations of my position as registered agent in the registered office address. Hereby confirm that the limited liability company has been notified in writing of this change.	•		
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BOX BEACH FLORIDA 32259 (If the limited liability company is not organized under the laws of the State of Florida intitled intitled intitled indititied indititied indititied indititied indi	1. Name of the limited liability company: US FINANC	IAL INVESTMENT PARTNERS, LLC	
(Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) MAY 06, 2009 Depart VEDRA BEACH FLORIDA 3208, 100, 200, 200, 200, 200, 200, 200, 200	2. (a) Principal office address of limited liability company	y: 450-106 STATE ROAD 13 NORTH	
(Note: MAY BE POST OFFICE BOX) MAY 06, 2009 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited, liability company it is hereby confirmed that then the street agent will be identical. Or, in the case of a Florida limited, liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. JOHN F WATSON 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 in the registered office address. For if this document is being filed to merely reflect a change in the registered office address. Where the obligations of my position as registered agent in the registered office address. Where the obligations of my position as registered agent in the registered office address. Where the obligations of my position as registered agent in the registered office address. Hereby confirm that the limited liability company has been notified in writing of this change.	(Note: MUST BE STREET ADDRESS)	SUIT 119 ST. JOHNS FLORIDA, 32259	
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Registered Agent: Registered Office Address: 450-106 STATE ROAD 13 SUITE 119 ST.JOHNS FLORIDA 32259 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited, liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. JOHN F WATSON 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 dudies, mind I am lamilar 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.	3. Date of filing/registration in Florida	4. Document number	
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited, liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. JOHN F WATSON 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided form address, I hereby confirm that the limited liability company has been notified in writing of this change.	Registered Office Address:	SUITE 119	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00