

L09000043893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

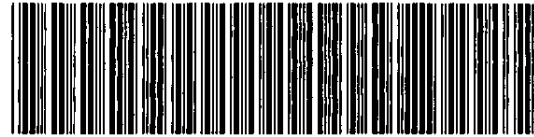
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 AM 11:31

T. HAMPTON
DEC 29 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US FINANCIAL INVESTMENT 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 #102

Address

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

Name of Person

at (517)

376-2072

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.

1. Name of the limited liability company: US FINANCIAL INVESTMENT PARTNERS, LLC

2. (a) Principal office address of limited liability company: 450-106 STATE ROAD 13 NORTH

(Note: MUST BE STREET ADDRESS)

SUIT 119

ST. JOHNS FLORIDA, 32259

(b) Mailing address of limited liability company:

205 SOUTH OCEAN GRAN DRIVE

(Note: MAY BE POST OFFICE BOX)

UNIT 102

PONTE VEDRA BEACH FLORIDA 32082

MAY 06, 2009

L09000043893

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:

ROBERT J. LEONARD

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:

JOHN F WATSON

NEW Registered Office Address:

205 SOUTH OCEAN GRAND DRIVE

(MUST BE FLORIDA STREET ADDRESS)

UNIT 102

PONTE VEDRA BEACH, FL 32082

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
Signature of a member or authorized representative of a member

JOHN F WATSON

Printed or typed name of signer

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 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.

John F Watson
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00