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Division of Corporations



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LLC REGISTERED AGENT CHANGE CIRS FINANCING LLC

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

Persuant to the provisions of sections 605.0114 or 605.6116, Florido Statutes, the undersigned innited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:CIRS Financii	ng LLC		······································	
2. (a)	2550 Goodlette Rd, N.	(b	3665 Eas	t Bay Drive failing address of limited liab:	
. ,	Principal office address of limited liability company. (Nate: MUST BE STREET ADDRESS)	_ `	N.	failing address of limited liab: (Note: MAYBE POST OFF	
	Naples, Florida 34103		Suite 204	, MB 435	
			Largo, Fl	_33771	
	9/22/2009		1.09000091	842	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Drumm, Thomas J				
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:	
	999 Yanderbilt Beach Rd, #507				7. 8
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	L .		24 F
					是 品
	Naples , FL	34108	~~~		TALLAHASSET FLORIO
(b)	Business Filings Incorporated				PH 4: 03
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	lress.		
	1200 South Pine Island Road				
	NEW Registered Office Address:				
	Plantation	11124			
	Plantation , FL	4			
the cha agent w was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited have authorized by an affirmative vote of the members collected of organization or the operating agreement of the	the regis ability co of the lim limited l	tered office inpany, it is ited liability iability com	and the business office of hereby confirmed that the company or as otherwis pany. William Thomas.	of the registered he change(s) he provided in Vice-President
Signal	nue of a member or authorized representative of a member		0, 00,00	Printed or typed name of sign	ee
I herel provisi the obli to mere notified	ly accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address. It I'm writing of this change.				
۱۰.۰۰ مرد. داری	- A				
•	te of Registered Agent Dus - A VP - Business Filings Incorporated				

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

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