## L09000095728

(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



300182382433

AND THE PROPERTY OF THE PROPER

10 JUN 23 AM 8: 11

B. KOHR

JUN 2 3 2010

**EXAMINER** 



N SERVICE COM	PANY.					6 TE
		ACCOUNT NO.	:	120000000	195	E SA
		REFERENCE	:	423622	7662709	23 000
	'UA	THORIZATION	:	Loreth		<b>3</b> 9 9 9
		COST LIMIT	:	\$ (25.00	lenan	
ORDER DATE	: June	23, 2010				
ORDER TIME	: 2:3	3 PM				
ORDER NO.	: 4236	22-011				
CUSTOMER N	IO: 7	662709				
		CHANGE OF A	GEN	T		
NT 73 N	т:	A VETA FINAN	CT 3	T IIC		
IVAN.	TT: TT	Y VEIA EINAN	CIA	n, nnc		
PLEASE RET	URN THE	FOLLOWING AS	PR	OOF OF FIL	ING:	
CE	RTIFIED (	COPY				

EXAMINER:

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

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

company submits the following statement in order to chan in the State of Florida.  1. Name of the limited liability company: LA VETA F	ge its registered office or registered agent, who had			
1. Name of the limited liability company: LA VETA F	INANCIAL, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	24753 Harbour View Drive Ponte Vedra Beach, FL 32082			
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	830-13 A1A North #120 Ponte Vedra Beach, FL 32082			
10/02/2009	L09000095328			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:			
Registered Agent:	David Miller			
Registered Office Address:	24753 Harbour View Drive Ponte Vedra Beach, FL 32082			
:				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:			
NEW Registered Agent:	Corporation Service Company			
NEW Registered Office Address:	1201 Hays Street			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee : ,FL 32301			
If the limited liability company is not organized under the l that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is you an affirmative vote of the members of the limited			
Blanca Lozada, Authorized Person (Printed or typed name of signee)	<u>-</u>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of an interest of the provision of the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by:  (Signature of Registered Agent) Grace E. Kirby, Asst. V.P.	gree to act in this capacity. I further agree to per and complete performance of my auties, and I agree to the complete performance of my auties, and I agree to the complete of the complete of the complete of the complete in the registered office address, I hereby in writing of this change.			

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