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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
A. LUNT		
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	SNOLIA FUNDING, LLC  f Limited Liability Company
rvanie of	Elimed Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JOHN W. WILCOX, JR	
Name of Person	2009 OCT -9 PM 2: 58 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Firm/Company	T-9 PM 2:5
	FLO 2
2551 POTOMAC AVENU	JE NATURE
Address	
ATI ANTA CA 20205	
ATLANTA, GA 30305 City/State and Zip Code	
anarker@foltzmartin.cor	n
aparker@foltzmartin.cor E-mail address: (to be used for future annual repor	t notification)
For further information concerning this ma	atter, please call:
Audra Parker	at ( 404 ) 231-9397
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
Enclosed is a check for the follow	ring 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:	IAGNOLIA FUNDING, LLC		
2. (a) Principal office address of limited liability compan	y:		
_[✓] ( <u>Note: MUST BE STREET ADDRESS</u> )	2551 POTOMAC AVENUE		
(b) Mailing address of limited liability company:	ATLANTA, GA 30305		
(Note: MAY BE POST OFFICE BOX)			
10/05/2009	L09000095916		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dep State:			
Registered Agent:	CORPORATION COMPANY OF ORLAN		
Registered Office Address:	300 SOUTH ORANGE AVE., SUITE 10 ORLANDO, FL 32802		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:  CORPORATION COMPANY OF ORLAN		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300 S. ORANGE AVE., #1000(JGH) ORLANDO, ,FL32802		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.		
Signature of a member or authorized representative of a member	<del></del>		
Linda Martin Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		

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

J. Gregory Humphries