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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE
SEP 0 8 2010
EXAMINER

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	NEIGHBORHOOD FI	NANC	CIAL GF	ROUP LLC		
SUBJECT:	(Name	of Lin	nited Lia	bility Company)		
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered	Office	Change	and fee(s) are submitted for i	filing.	
Please return	all correspondence concerning	g this n	natter to	the following:		
Eric Bur	ns					
	(Name of Person)		·			
Legalzo	om.com, Inc.					
	(Firm/Company)				7	
7083 Ho	ollywood Blvd., Ste. 180					음 기
	(Address)			····	TAR	
Los Ang	eles, CA 90028				Y OF	5 LU
-	(City/State and Zip Code)			- .	"OF STATE E. FLORIDA	
For further i	nformation concerning this ma	tter, plo	ease call:	;	_	
Eric Burns		at (_	323	962-8600		
	(Name of Person)		(Area C	Code & Daytime Telephone N	Number)	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301		Reg Div P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Encl	osed is a check for the follow	ing am	ount:			
✓ \$2	25 Filing Fee		\$5	5 Filing Fee & Certified Cop	у	

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. Nai	Name of the limited liability company: NEIGHBORHOOD FINANCIAL GROUP LLC					
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	19239 N DALE MA	ABRY HWY. SUITE			
<u>(</u> þ)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	19239 N DALE M. LUTZ FL 33548 C	ABRY HWY. SUITE			
08/2	24/2010	L10000088619	-			
3. Dat	te of filing/registration in Florida	4. Document number	10 SE			
5. (a)	Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florid FAIELLA, ANTHO	la Dept. of State:			
	Registered Office Address:	4536 WILD PLU LUTZ FL 33558	JM LN. ^[7] 육 그 분 [TT]			
W.S	POTATO TO THE CONTEST THE BEFORE A MINE AND A LOCAL DE		Dm .co			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	United States Corpo	•			
	NEW Registered Agent:		——————————————————————————————————————			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		13302 Winding Oaks Blvd., Suite A-1				
	(MUST BE FLORIDA STREET ADDRESS)	Татра	FL33612-342			
that af office hereby liabilitimited (Signatu Lawr	limited liability company is not organized under the change or changes are made, the Florida st of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized to company or as otherwise provided in the article deliability company. Company or as otherwise provided in the article deliability company. Company or as otherwise provided in the article deliability company. Company or as otherwise provided in the article deliability company or as otherwise provided in the article deliability as registered agent and the provisions of all statutes relative to the miliar with and accept the obligations of my position, if this document is being filed to merely reflect in that the limited liability company has been notified.	reet address of the register e case of a Florida limited d by an affirmative vote of s of organization or the op	ed office and the business liability company, it is f the members of the limited erating agreement of the			
, ,	Jake Varghese. Vice Pres		Ře [.]			
(Signat	ure of Registered Agent)	Company of the Company	38314			
	Division of Corporations, P.O. E	lox 6327, Tallahassee, FL EE: S25.00	i 323 <u>14</u>			