L10000104057

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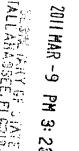
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporation	ons					
SUBJECT:	Regency Name of Limi		· · · · · · · · · · · · · · · · · · ·			-
Dear Sir or Madam:						
The enclosed Registered Ages	nt/Registered Offic	e Change	e and fee	(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this	matter to	the follo	owing:		
	o Salvat		· 			
Name of I	Person					
Regency Finance	cial Group, LLC		<u> </u>			
					2011 MAR -9 Science Dary ALLIAHASSE	Mha
11452 W. S		· · · · · · · · · · · · · · · · · · ·			AS 70	dig.
	s, FL 33065				9 PM 9: 28	
City/State and	Zip Code				\$ \\ \tag{2}	-
fsalvat@theregency E-mail address: (to be used for fu	financialgroup.c	om cation)	_			
For further information conce	rning this matter, p	olease cal	t:			
Francisco Salv	at at	(877)	····	-3827	_
Name of Person			Area Code	& Daytime Tele	ephone Number	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	: Circle	Re Div P.C	gistration vision of C D. Box 632	Corporations	4	
Enclosed is a check for	or the following a	mount:				
\$25 Filing Fee		S	55 Filing	Fee & Certi	fied Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR 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.

Name of the limited liability company:	Regency Financial Group, LLC				
2. (a) Principal office address of limited liability com	pany: 11452 W	11452 W. Sample Road			
(Note: MUST BE STREET ADDRESS)	Coral Springs, FL 330	065			
(b) Mailing address of limited liability company:	ng address of limited liability company: 11452 W. Sample Road				
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 3348	*****			
10/05/2010	L1000010	04057			
3. Date of filing/registration in Florida	4. Document number	# # T			
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida	Dept. of State:			
Registered Agent:	Francisco Salvat	SS & M			
Registered Office Address:	Suite 428	1489 W. Palmetto Park Rd Suite 428 Boca Raton, FL 33486			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	11452 W. Sample Road				
(MUST BE FLORIDA STREET ADDRESS)	Coral Springs ,FL33065				
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com Signature of a member or authorized representative of a member	the laws of the State of Florid he Florida street address of the identical. Or, in the case of a ge(s) was/were authorized by	la, it is hereby e registered office Florida limited an affirmative vote			
Robert Conner Printed or typed name of signee I hereby accept the appointment as registered agent a	and agree to act in this canaci	to I further garee to			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	e proper and complete perform by position as registered agent o merely reflect a change in the spany has been notified in writ	mance of my duties, as provided for in the registered office ting of this change.			
Signature of Registered Agent					

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