L11000l03335

| (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

G. MCLEOD

JUN 21 2012

EXAMINER



600236591666

06/20/12--01011--009 **25.00

12 JUN 20 PM 12: 1.1

SECRETARY OF STATE
ALLAHASSEE, FLORID;

T

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: | FINANCING RESOURCES LLC | |
| | Name of Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/R | egistered Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence | concerning this matter to the following: | |
| | | |
| FC LAND | | |
| Name of Perso | n | |
| FINANCING RESO | URCES LLC | |
| Firm/Company | | |
| , | | |
| 4025 CATTLEME | N RD #118 | |
| Address | | |
| | | |
| SARASOTA F | L 34233 | |
| City/State and Zip Code | | |
| | | |
| E-mail address: (to be used for future | on.net | |
| E-mail address: (to be used for future | innual report notification) | |
| For further information concerning | g this matter, please call: | |
| F C LANDERS | at (941) 328-9600 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADD | RESS: MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circ Tallahassee, Florida 32301 | e Tallahassee, Florida 32314 | |
| rananassee, Florida 32301 | | |
| Enclosed is a check for t | he following 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: | FINANCING RESOURCES LLC |
|--|--|
| 2. (a) Principal office address of limited liability | company: 4025 CATTLEMEN RD #118 |
| (Note: MUST BE STREET ADDRESS) | SARASOTA FL 34233 |
| (b) Mailing address of limited liability compan | y: 4025 CATTLEMEN RD #118 |
| (Note: MAY BE POST OFFICE BOX) | SARASOTA FL 34233 |
| APRIL 30 2012 | L11000063335 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office sh | own on the records of the Florida Dept. of State: |
| Registered Agent: | F C LANDERS |
| Registered Office Address: | 5342 CLARK RD |
| • | SARASOTA FL 34233 |
| (b) Enter name of <u>NEW Registered Agent</u> and | d/or NEW Registered Office address 2 |
| NEW Registered Agent: | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE) | |
| | SARASOTA ST,FL34233 |
| If the limited liability company is not organized ur confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the confirmed that after the change or changes are made and the business office of the registered agent will liability company or or the operating agreement of the limited liability of the confirmed that the | nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company. |
| F C LANDERS | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability | ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. |
| Signature of Registered Agent | - |

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