2/1000/424/2

(Requestor's Name)		
(Address)		
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(Address)		
•		
(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
(Business Entity Name)		
(Document Number)		
Contification of Ohebro		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

NOV -9 2012

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Relician Islan Name of Li	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
William J Pier Name of Person	-ce (New Registeres Agent	-/
Pl/ICHN Firm/Company		
3149 Shorline I	2112 NEV - 5 P SECHETARY & TALLAHASSEE	
Cleanwaten F/A City/State and Zip Code	33740 PR SING TO STATE OF THE S	
Bill Pierce 3 @ G MAi E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matte	er, please call:	
William Pience Name of Person	at (727) 415-3900 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ig 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 608.506 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered
1. Name of the limited liability company:	N FS/AND FUNDING LLC
2. (a) Principal office address of limited liability company:	3149 Shoreline Daire
(Note: MUST BE STREET ADDRESS)	Clearwater F/4 33.760
(b) Mailing address of limited liability company:	Same
(Note: MAY BE POST OFFICE BOX)	<u> </u>
12/21/2011	611000142412
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:
Registered Agent:	MAXIMILLIAN Boehman
Registered Office Address:	Tampa fla 23609 DE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	William J Pience
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3149 Shore INCANIVE Clearwater FL 33760
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherw or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agreemply with the provisions of all statutes relative to the provision of all statutes relative to the provision of the obligations of my position of the provision of the obligations of the provision of the obligations of the provision of the obligations of the provision of the limited liability company of the obligation of the limited liability company of the limited liability company of the obligation of the limited liability company of the limited liability comp	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote rise provided in the articles of organization

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