

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000005269

FILED
Apr 17, 2014
Secretary of State

Entity Name: ADVANCE MEDICAL LENDING, LLC

Current Principal Place of Business:

11649 MONTEZ LN
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 601048
ST JOHNS, FL 32260 US

New Mailing Address:

FEI Number: 46-1554076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKHORN, WOODFORD D
11649 MONTEZ LN
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

BLACKBURN, WOODFORD D
11649 MONTEZ LN
JACKSONVILLE, FL 32223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WOODFORD DAVID BLACKBURN

04/17/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: BLACKBURN, WOODFORD D
Address: 11649 MONTEZ LN
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGR
Name: BLACKBURN, KARLENE D
Address: 11649 MONTEZ LN
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: WOODFORD DAVID BLACKBURN

MGR

04/17/2014

Electronic Signature of Authorized Person

Date