#L1200033979

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SECRETARY OF STATE

K. SALY EXAMINER MAR 2 1 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EBG Financial	and Real Estate Services LLC
Name of Li	mited Liability Company
D. St. Malana	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Nancy L. Dryburgh	
Name of Person	
EBG Financial and Real Estate Service	es. LLC
Firm/Company	
8297 Champions	4
Address	-
Champions Gate, FL 33896	
City/State and Zip Code	•
nldryburgh@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter	, please call:
	at (608) 212-1331
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
i alianassee, i longa 32301	
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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:EBG Finar	ncial and Real Estate Services LLC	
2. (a) Principal office address of limited liability company	y: 7653 Heritage Crossing Way	
(Note: MUST BE STREET ADDRESS)	Reunion, FL 34747	
(b) Mailing address of limited liability company:	8297 Champions ate Blvd. #234	
(Note: MAY BE POST OFFICE BOX)	Champions Gate, FL 33896	
March 9, 2012	L12000033979 4. Document number	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Nancy L. Dryburgh	
Registered Office Address:	8297 Champions Gate Blvd. #234 Champions Gate, FL 33896	
NO CHANGE TO MAILING ADDI	RESS Except Champions gate, Blud. #	2 3ι
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address: one word	
NEW Registered Agent:		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7653 Heritage Crossing Way	
	Reunion ,FL 34747	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
Signature of a flember or authorized representative of a member	SSE 9 LE	
Nancy L. Dryburgh	_ Fig. 3 0	
Printed or typed name of signee	FLST 7	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	igree to act in this capacity. I further affee to oper and complete performance of my diffes, sition as registered agent as provided for in erely reflect a change in the registered office y 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