L13000/15383

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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09/27/16--01029--009 **25.00

D. SCOTT SEP 2 9 2016

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: GED Financial Services LLC	FCT. GED Financial Services LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:					
Stacy Palmisano						
Name of Person						
DoMyLLC.com		= 8 5				
Firm/Company		SEP CREIL				
5716 Corsa Street #110		ASSESSED				
Address		728 2 3				
Westlake Village, CA 91362		PH 2: 50				
City/State and Zip Code						
compliance@domyllc.com						
E-mail address: (to be used for future and	nual report notification)					
For further information concerning this matter	, please call:					
DoMyLLC	at (888) 366-9552					
Name of Person	Area Code & Daytime Telep	hone 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	g 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 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: GED Finance	cial Ser	vices LLC			
2. (a)	10521 Diamante Way Fort Myers, FL 33913 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3. 5. (a)	09/05/2013 Date of filing/registration in Florida United States Corporation Agents, Inc.	4		0125383 Document number		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
,	13302 Winding Oak Court · A Registered Office Address (MUST BE FLORIDA STRE	ET ADDI	RESS)	TALLAND		
	Tampa	, FL	33612	P 27		
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Register 17888 67th Court North NEW Registered Office Address:	ered Offic	ce address:	PR 2: 50		
	Loxahatchee	FL	33470			
the cha agent v was/we the arti Signa I here provisi the obi to mere	imited liability company is not organized under the inge or changes are made, the Florida street addressivil be identical. Or, in the case of a Florida limited and interest authorized by an affirmative vote of the member icles of organization or the operating agreement of the interest of a member of all statutes relative to the proper and compilingations of my position as registered agent as proved the reflect a change in the registered office address	s of the d liabilities of the the limi	registered only company company climited liability Glen J Sik	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. orski Printed or typed name of signee canacity. I further agree to comply with the		
noujiei	on behalf of Inco			, , ,		
Signatu	P. Registered Agent Division of Corporations • P. FILING			nhassee, FL 32314		