## 11800000 4251

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Friendly Financial LLC Name of Limited Liability Company	15. Co			
Dear Sir or Madam:	•			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Paul Azzi Name of Person				
Friendly Financial LLC Firm/Company				
P 0 Box 6929  Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (727) 457 6696  Area Code & Daytime Telephone Num	— ber			
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 amount:				
□ \$25 Filing Fee  \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.

1. Na	me of the limited liability company: Friendly	Fina	ncial 1	LLC
	14741 Golden Spring Place	; (b)_		Box 6929
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hudson FL 34667		1-1	udson, FC 34674_
		- <del>-</del>		
			1 18	000004251
3.	Date of filing/registration in Florida	4.		Occument number
5. (a)	Legal INC Corporate Service			
	Registered Agent and Registered Office shown on the records of the 5237 Summerlin Comme		epi. or state.	
	Registered Office Address (MUST BE FLORIDA STREET A)			
	Suite 400	<del></del> .		2019 FAL
	Fort Myers , FI.	3390	7	2019 JAN 15 SECOLTAR FALLAHASS
(b)	Paul Azzi			ASSE ASSE
• (D)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	<u>:SS</u> :	men. The
	14741 Golden Spring Place NEW Registered Office Address:			LORIA S
	Hudson FL	341	<u> </u>	
the cha agent v was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he registe pility com the limite	red office a pany, it is b ad liability of bility comp	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.
Signat	ure of a neember or authorized representative of a member		Yaul	Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ily reflect a change in the registered office address, I have I in writing of this change.	e to act in performan for in Cha ereby conj	n this capac ce of my di apter 605, , firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signatu	re of Registered Agent			
	Division of Corporations P.O. B			ee, FL 32314

FILING FEE: \$25.00