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Special Instruction	s to F	Filing Officer:	
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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	à
SUBJECT: CITIZENS FINANCE Name of Limite	CIA SERVICES ed Liability Company
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:
MICHIE 10HSON Name of Person	
CHIZENS FINANCIAL SEXVICE	=S11C
8040 CAVENNISH PL	
SUWANEE GA 30054 City/State and Zip Code	
E-mail address: (to be used for future annual report n	notification)
For further information concerning this matter, please call:	:
MICHAEL WATCON at (7) Name of Person	70).5963535 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 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.

1. Na	me of the limited liability company:	15 Fi	<u> MANCIA</u>	1 SERVI	CES		
2. (a)	, , ,	(b)		,			
() .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/		failing address o		-	
	POULO CLAUGA DA DU DI		GO//		4.0.101	<u>γ)</u>	<u> </u>
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		_	- vi	NAMEE (771.	5 <i>W</i> 2	34
	3/17/51		1211	00/25	975		
3.	Date of filing/registration in Florida	4.		Document nui	mber		
5. (a)							
` '	Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State:	:			
	MICHAEL WATSON						
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>					
	HEMPRY LAME				<u></u>	20	
	JAIN COAST FL	.3213	37		17 T	2021 HAR	
						AR.	+ i
(b)	E. CYPIN D. L. LA II NEW D. CO. L.	ore			33F	<u></u>	}
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Duice agg	ress;			2	<u> </u>
	Scott MARKEN				021 2121	2: 34	C.,
	NEW Registered Office Address:	<u> </u>			Α 3	Ē.	
	2 HEMBALLANE						
	0.						
	PAM COAST FL	:3213	37				
If the li	mited liability company is not organized under the laws	s of the S	tate of Flor	rida, it is here	by confir	med tl	hat after the
	or changes are made, the Florida street address of the rail be identical. Or, in the case of a Florida limited liab						
was/we	re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	the limit	ed liability	company or a			
the arm	All I Later A	imited na	M/CH	/ . / .) .			
Signat	ure of a member or authorized representative of a member	 _	<u> </u>	Printed or typed	name of sig	gnee	
I heret	by accept the appointment as registered agent and agree	e to act i	n this capa	city. I further	agree to	comp	ly with the
the obli	ons of all statules relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	for in Ch	ice of my al napter 605, ifirm that il	F.S. Or, if the	is docum	ent is name t	heing filed
notified	in writing of this change.	Jery Con	girm mui n	ic immicu nul	any com	vany 1	143 1/6611
Signatúr	g of Registered Agent						
~ ,	1						