## LAGO O CO CO GS972 Weedman Financial Group L.C. Requester's Name Group L.C.

1998 C Saturfue Lakes On Address Boca laton, FC 33498

City/State/Zip

Phone #

500003017405--1 -10/18/99--01116--003 \*\*\*\*\*25.00 \*\*\*\*\*\*25.80

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	(Corporation Name)	(Document #)		
2.	(Corporation Name)	(Document #)		·
3.	(Corporation Name)	(Document #)		
4.	(Corporation Name)	(Document #)	-	
•	Walk in Pick up time  Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Photocopy  Certified Copy  Certificate of Steaus  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	T	
•	OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other		

## 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. The name of the limits	ed liability company is:	Freedm	an Financia	J Group L.L.				
2. The mailing address of	f the limited liability cor	mpany is :195	Fa Satur	ia Lakes Dr				
		Boo	<u> </u>	=\ <i>3349</i> 8				
September 20 1999  3. Date of filing/registration in Florida			L99000005972					
		4. Do	4. Document number					
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:								
·	Craig L. Fr	eedman						
2	1 Royal P	blm Plac	<u>e</u>	a.;				
	Boca Ration	FI 334	<i>13</i> 2	99 SEC TAL				
	•	tate and Zip		CAE OCT				
6. The name and address	of the new registered age	ent and/or office:		ARY ASSI				
	Graig L. Fr	eedman						
	19582 Satur	ame hakes	$\mathcal{D}_{\mathcal{L}}$	1 9 9 P				
	Florida street address (		cceptable)	SF 24				
· ·	Boca Raton		-	-				
	City, Sta	ite and Zip						
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are made	de, the Florida str	eet address of the	registered office				
(Signature of a member or author	ized representative of a member)							
(Printed or typed name of signee)	eedman	·		<b>-</b>				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signatury of Regimered Agent)	intment as registered age is of all statutes relative in id accept the obligations this document is being fill that the limited liability	ent and agree to a to the proper and of my position as ed to merely refle company has bee	ict in this capacit complete perfori registered agent ect a change in the en notified in writ	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.				
- 0								

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NHS18(10/99)

**FILING FEE: \$25.00**