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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

Address (hy Registered Aged

SUBJECT:	Navigator	FINANCIAL	Services	LLC	
	(Name of Limited 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:

William James Forbes (Name of Person)	SECRE TALLAH	07 A	
(Name of Person)	ASSE	NOV 13	
(Firm/Company)	E S	AM III	
POBOX 7/044 (Address)	TATE ORIDA	29	- TI-3
Winter HAVEN FL 33883-7644			
(City/State and Zip Code)			

For further information concerning this matter, please call:

(Name of Person) at (772) 370-2466 (Area Code & Daytime Telephone 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 amount:

☐ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STÄTEMENT 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 limited liability company is: Many afon Financial Sandies LLC
2.	The mailing address of the limited liability company is: POBOX 7644
	Winter HAVER FC 33883
	9/14/999 1990000 5973
3.	Date of filing/registration in Florida 4. Document number
	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Willin Trobes (sme) Name Name 2336 SERIEM Blvd PM Address Address Sturnt Florida City, State and Zip 3496
	William J Forbes (some)
	Name Rhyel Pan
	1577 HE 2336 SEREAM 5397
	Address 12 to Halou Fl 3388 Study Fl
	City, State and Zip 3499/
6.	The name and address of the new registered agent and/or office:
	William T Forker Soff &
	Name
	1592 1/Th 5T NIT
	Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable) Winter Haven FL 3388/
	City, State and Zip
īf.	the limited lightlity commons is not accomined and or the laws of the State of Floride it in house.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

William Tonbes

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)