

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L990000007784

Sun Capital Partners, Ltd.;

Sun Paper Advisors, Inc.;

Sun Capital Partners, Inc.;

Sun Capital Advisors, Inc.;

JTECH Communications, Inc.;

Eckler Industries, LLC;

First NLC Financial Services, LLC

100003527371--2

01/08/01 01071--003

****245.00 *****25.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

01 JAN -8 PM12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

Name _____ 1/8/01
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

Order#: 3456472

Ref#:

Amount: \$

RECEIVED
01 JAN -8 AM 11:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DMG

**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 limited liability company is: First NLC Financial Services, LLC

2. The mailing address of the limited liability company is : 5355 Town Centre Road., Ste. 802

Boca Raton, Florida 33486

11/12/1999

L99000007784

3. Date of filing/registration in Florida

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:

Jeffrey Henschel
Jeffrey Henschel Name

Building One, Suite 201
Address

Deerfield Beach, Fl. 33441
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City, State and Zip

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.

MARC J. LEDER
(Signature of a member or authorized representative of a member)

MARC J. LEDER
(Printed or typed name of signer)

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.
C T Corporation System

PETER F. SOUZA
(Signature of Registered Agent) ASSISTANT SECRETARY

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

01 JAN 8 PM 12:02
SECRETARY
TALLAHASSEE
FLORIDA
APPROVED
AND
FILED