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Certified Copies	Certificates of Status	
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EXAMINER

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NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

ALBANY ~ CHARLOTTE ~ CHICAGO ~ DOVER ~ LOS ANGELES ~ NEW YORK ~ SACRAMENTO ~ SPRINGFIELD ~ WASHINGTON, DC

Date: September 3, 2009

Florida Department of State Divisions of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Thoroughbred Financial Services, LLC

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely.

Kathy Butler

Client Service Specialist

KAB

ENCLOSURE

REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

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. Name of the limited liability company: IMOROUG	SHBRED FINANCIAL SERVICES, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	BRENTWOOD TN 37027
(b) Mailing address of limited liability company:	5110 MARYLAND WAY
(Note: MAY BE POST OFFICE BOX)	BRENTWOOD TN 37027
12/26/2000	M0000002712
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limite
(Printed or typed name of signee)	· •
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited trability company has been notified	Fim 6
(Signature of Registerell Agent) Division of Corporations, P.O. Box FILING FEE:	6327, Tallahassee, FL 32314
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