

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

MEMBER LENDING ACCEPTANCE, L.L.C.

Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$35:00 EXAMINER

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Corporate Filing Menu

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## 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.

Name of the limited liability company:	MEMBER LENDING ACCEPTANCE LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	MEMBER LENDING ACCEPTANCE LLC
1/8/2003	M0300000080
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	AIMBRIDGE HOLDINGS, LLC
Registered Office Address:	248 NORTHSIDE DRIVE ST. AUGUSTINE, FL 32080
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Flantation, ,FL 33324
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 organized representative of a member	
Terry Criger Printed or typed name of signee	
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 merety reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.  CT Corporation System The Confirmation of Registered Agent  Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00