

MO3000001066

2005 AUG 29 P 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

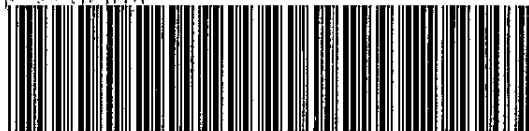
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/05--01025--019 **150.00

TO: DIVISION OF CORPORATIONS/REGISTRATION SECTION
409 E. GAINES ST.
TALLAHASSEE, FL. 32399

FILED

REGARDING: CHANGE IN ADDRESS & REGISTERED AGENT

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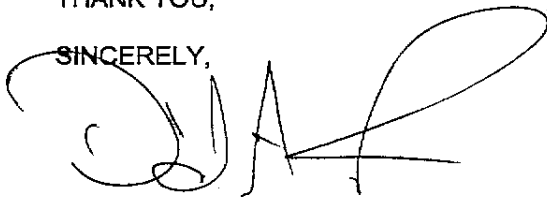
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMPANY	DOCUMENT NUMBER	DATE FILED
MIDWEST AMERICA FINANCIAL CO. LLC	M03000001066	4/3/2003
IGUANA PROPERTIES CO. LLC	M04000002241	6/7/2004
OCEAN FINANCIAL CO. LLC	M04000002240	6/7/2004
PALM TREE FINANCIAL CO. LLC	M04000002244	6/7/2004
PELICAN REEF REAL ESTATE SERVICES LLC	M04000002238	6/7/2004
GATOR LEASING CO. LLC	M04000002243	6/7/2004

THE PRIOR ADDRESS WAS 175 W. LINCOLNWAY SUITE H VALPARAISO, IN. 46383.
PLEASE CHANGE MY ADDRESS TO 747 FOURTH ST. SUITE 100 MIAMI BEACH, FL. 33139
I HAVE ALSO ENCLOSED THE PROPER FORMS TO MAKE THE CHANGE FOR ALL OF
THE ABOVE COMPANY'S REGISTERED AGENT(S).

THANK YOU,

SINCERELY,



DAVID A. ROSSMAN
747 FOURTH ST.
SUITE 100
MAIMI BEACH, FL. 33139
305.695.0733 PHONE
305.695.0731 FAX

8/23/05

**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: MIDWEST AMERICA FINANCIAL CO. INC.
2. The mailing address of the limited liability company is : 175 W. LINCOLNWAY
VALPARAISO, IN. 46383

4/3/2003
3. Date of filing/registration in Florida

M03000001066
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:

CORPDIRECT AGENTS, INC.
Name
515 E. PARK AVE.
Address
TALLAHASSEE, FL. 32301
City, State and Zip

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

DAVID A. ROSSMAN
Name
747 FOURTH ST. SUITE 100
Florida street address (P.O. Box NOT acceptable)
MIAMI BEACH FL 33139
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.

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

DAVID A. ROSSMAN
(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 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)

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