(Requestor's Name)	
(Address)	
(Address)	900070610719
(City/State/Zip/Phone #)) } (
PICK-UP WAIT MAIL	; ; !
(Business Entity Name)	04/17/0801043001 **55.
(Document Number)	}
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	} } }
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rhodes Financial Service (Name of Limite	ces Mortgage d/b/a Rhodes Financial ded Liability Company) Mortgage	
Dear Sir or Madam:	i l	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Sean Collett	; ; 	
(Name of Person)		
Rhodes Financial Mortgage		
(Firm/Company)	v L	
610 Ronald Reagan Drive	;	
(Address)		
Evans, GA 30809		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
James E. Rhodes	706) 855-0350 ext. 221	
(Name of Person)	(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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Rhodes Financial Services Mortgage LL(1. The name of the limited liability company is: 2. The mailing address of the limited liability company is: __610 Ronald Reagan Drive Evans, GA 30809 9/2/04 M04000003672 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Sheri Ellis Name 2921 Hawthorne Rd Address 33611 Tampa, FL City, State and Zip 6. The name and address of the new registered agent and/or office: Rick Marshall Name 1941 Brantly, Cirile Florida street address (P.O. Box NOT acceptable) Clermont 34711 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. member or authorized representative of a member) Ames E. Rhodes (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.

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