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D. BRUCE
MAY 21 2012
EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 193256 7885080

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 4, 2012

ORDER TIME: 10:53 AM

ORDER NO. : 193256-020

CUSTOMER NO: 7885080

CHANGE OF AGENT

NAME: STONEWOOD FINANCIAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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. Na	me of the limited liability company: STONEWOOD	FINANCIAL, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	333 East Main Street Suite 220 Louisville, KY 40202	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/02	2/2005	M05000000720	
3. Da	nte of filing/registration in Florida	. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. o	f State:
	Registered Agent:	NRAI Services, Inc.	
	Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	75 15
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address: Corporation Service Company	I B MARY OF ASSEE.
	NEW Registered Agent:	*	STATE
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,F	
that a office hereb liabili limite	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by the company or as otherwise provided in the articles of a liability company.	address of the registered office se of a Florida limited liability of an affirmative vote of the mem	and the business company, it is obers of the limited
(Printe	een Cathell, Authorized Person d or typed name of signee)		
I here comple am fa F.S. (confir	eby accept the appointment as registered agent and ag ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position of Or, if this document is being filed to merely reflect a c m that the limited liability company has been notified	gree to act in this capacity. I fur per and complete performance of as registered agent as provided j hange in the registered office ad in writing of this change.	ther agree to of my duties, and I for in Chapter 608, ldress, I hereby
Bv:	I have C. TWY	Grace E. Kirby, Asst. VP	

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