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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| PICK-UP | MAIT WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

9 2011 DEC

EXAMINER



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|---------------------|--|-----------|------------|---------|----------|
| ION SERVICE COMPANY | ACCOUNT NO. | : | 12000000 | 0195 | |
| | REFERENCE | : | 993367 | 7858224 | |
| | AUTHORIZATION | 15 | V. | | 9.0 |
| | COST LIMIT | MU | Del 180 | | 1000 |
| ORDER DATE : | November 28, 201 | - ~= 1 | * | | 1,050 |
| ORDER TIME : | 4:03 PM | | | | * |
| ORDER NO. : | 993367-112 | | | | |
| CUSTOMER NO: | 7858224 | | | | |
| | CHANGE OF A | GEN' | <u>Γ</u> | | |
| NAME: | NAVY FEDERAL 1 LLC | FIN | ANCIAL GRO | OUP, | |
| CERTIF | THE FOLLOWING AS IED COPY STAMPED COPY | PRO | OOF OF FI | LING: | |
| THE ETICATIN | SIMPLED COLI | | | | |

EXAMINER'S INITIALS:

CONTACT PERSON: Stephanie Milnes

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: NAVY FEDER | AL FINANCIAL GROUP, LLC | | | |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Any: 1007 Electric Avenue Vienna, VA 22180 | | | |
| | Vienna, VA 22180 | | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| 11/29/2005 | M05000006547 | | | |
| 3. Date of filing/registration in Florida 4 | . Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: | | | |
| Registered Agent: | NRAI Services, Inc. | | | |
| Registered Office Address: | 515 E. Park Avenue Tallahassee, FL 32301 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | Registered Office address: Corporation Service Company | | | |
| | 1201 Hays Street | | | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 | | | |
| If the limited liability company is not organized under the la that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Matter | ws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the | | | |
| (Signature of a member or authorized representative of a member) | | | | |
| Maureen Cathell, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and agent | ree to gct in this capacity. I further agree to | | | |
| I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propam familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a che confirm that the limited liability company has been notified in | er and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change. | | | |
| By: かいませんと (Signature of Registered Agent) Corporation Service Company G | | | | |
| | race E. Kirby, Asst. VP | | | |

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