## M06000001400

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**EXAMINER** 



300214336583

SUFFICE ACTION OF STREET STREE

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DEPARTMENT OF STATE

STATE OF CORPORATIONS





ACCOUNT NO. : I2000000195

REFERENCE : 016574

7859777

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 7, 2011

ORDER TIME : 5:47 PM

ORDER NO. : 016574-033

CUSTOMER NO: 7859777

## CHANGE OF AGENT

NAME: GWG LIFE SETTLEMENTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. Name of the limited liability company: GWG LIFE SE	TTLEMENTS, LLC	
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	0 20	
March 2, 2006	M0600001400	
3. Date of filing/registration in Florida 4	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company  1201 Hays Street  Tallahassee ,FL 32301	
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.  Maureen Cathell, Authorized Person (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.		
Ru:	m wruing of ims change.	
(Signature of Register (Agent) Corporation Service Company Sylvia Queppet, Assistant Vice President		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**