M010000002227

(Requestor's Name)
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SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Borrowers Network LLC			
(Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Jeff Shanbom			
(Name of Person)	All de la constant de		
Borrowers Network LLC			
(Firm/Company)			
2350 Franklin Road Suite 140			
(Address)			
•			
Bloomfield Hills, MI 48302			
(City/State and Zip Code)			
For further information concerning this may	tter nlease call:		
To the months of the months and months	ttor, promo our.		
Shawne Huff	at (800) 861-8717		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MARTING ADDRESS.		
Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	•		
Englosed is a check for the following	ing amount:		
\$25 Filing Fee	S55 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.

1. The name of the limit	ed liability company	is: Borrowers Ne	etwork LLC			
2. The mailing address of	of the limited liability	y company is: 2	350 Franklin Road	Suite 140		
Bloomfield Hills, MI 48302	_			•		
04/14/2006			M06000002227			
3. Date of filing/registration in Florida		•	4. Document number			
5. The name of the regist Florida Department of	tered agent and the re	egistered office	address as shown o	on the records of the		
•	Shawne Huff					
	7320 E. Fletcher A					
	Tampa, FI 33637	Address		20 TA		
		ity, State and Zi	p	SEC 001		
6. The name and address	of the new registere	ed agent and/or o	office:	PIL 2007 MAR 12 SECRETARY ALLAHASSI		
•	Shawne Huff			LI -	- 9	
Name 1448 Oakfield Drive		卫, 王				
	Florida street add		NOT acceptable)	I: 56 STATE LORIDA		
•	Brandon	FL 3351	1			
	City	y, State and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the liability company agreement.	change or changes and f the registered agent ereby confirmed that mited liability compa	e made, the Flor t will be identica the change(s) wany or as otherw	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote	; n	
(Signature of a nyember of mutho						
y v ,	• ,	•				
Attance Bor (Printed or typed him) of signed	rowers Nerwork	Jettrey	Shawbon	,		
I hereby accept the apportunity of signed comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm					to ,	

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

(Signature of Registered Agent)