M07000002976

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

000214336510

SOFFICIENCY OF FILENCE

DEPARTMENT OF STATE

DEVISION OF CORPORATION

AND DEC -9 AN IO

DIVISION OF CORPORATION

11 DEC -9 PM 1. PM

Office Use Only

B. KOHR

DEC 9 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 993367

7858224

AUTHORIZATION/

COST LIMIT

ORDER DATE: November 28, 2011

ORDER TIME : 4:02 PM

ORDER NO. : 993367-011

CUSTOMER NO: 7858224

CHANGE OF AGENT

NAME: NAVY FEDERAL ASSET MANAGEMENT,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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: NAVY FEDER	AL ASSET MANAGEMENT, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1007 Electric Avenue
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	M07000002976
May 18, 2007	M07000002976
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
<u> </u>	
(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. Maure Attel	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 agreen comply with the provisions of all statules relative to the proper in familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a charmal that the limited liability company has been notified i	ree to act in this capacity. I further agree to ber 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 in Writing of this change.
3v: Dinnittation	
(Signature of Registered Agent) Corporation Service Company G	
Division of Corporations, P.O. Box 6	

FILING FEE: \$25.00