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DEPARTMENT OF STATI
DIVISION OF CGRPORATIO

B. KOHR
JAN 1 5 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE

7681670

AUTHORIZATION

COST LIMIT

ORDER DATE: January 9, 2009

ORDER TIME : 11:59 AM

ORDER NO. : 853526-149

CUSTOMER NO: 7681670

CHANGE OF AGENT

NAME: PLANET FINANCIAL GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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: PLANET FI	NANCIAL GROUP, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 2711 Centerville Road, Ste 400 Wilmington, DE_19808
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2711 Centerville Road, Ste 400 Wilmington, DE 19808
05/29/2008	M080000002543
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Incorp Services, Inc.
Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST BE FLORIDA STREET ADDRESS	
	Tallahassee ,FL 32301
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	aws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	aws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Maureen Cullen, Authorized Person	aws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited forganization or the operating agreement of the agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, thange in the registered office address, I hereby in writing of this change.

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

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