MU90002414

Office Use Only

B. KOHR

JUL 25 2011

EXAMINER



100209815431



RPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 84,9338

7561243

AUTHORIZATION

COST LIMIT :

ORDER DATE : July 18, 2011

ORDER TIME: 10:22 AM

ORDER NO. : 849338-028

CUSTOMER NO: 7561243

CHANGE OF AGENT

NAME: POTOMAC SECURED FUNDING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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 co	ompany: POTOMAC SE	CURED FUNDING, LLC
2. (a) Principal office address of (Note: MUST BE STRE	limited liability company: ET ADDRESS)	75 Second Avenue, Suite 605 Needham MA 02494
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		JUL 25 PH 3
06/24/2009		M09000002414 Document number
3. Date of filing/registration in Fl	orida 4	l. Document number
5. (a) Registered Agent and Reg	istered Office shown on th	ne records of the Florida Dept. of State:
Registered Agent:		United Corporate Services, Inc.
Registered Office Address:		9200 South Dadcland Blvd. Suite 508
		Miami FL 33156
(b) Enter name of NEW Regis NEW Registered Agent:		/ Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street
		Tallahassee ,FL 32301
hat after the change or changes ar office of the registered agent will	e made, the Florida street be identical. Or, in the cas s) was/were authorized by	aws 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 represe	ntative of a member)	
Maureen Cathell, Authorized Pers (Printed or typed name of signee)	son	•
I hereby accept the appointment a comply with the provisions of all s am familiar with and accept the ol E.S. Or, if this document is being confirm that the limited liability co	as registered agent and ag tatules relative to the prop bligations of my position a filed to merely reflect a ch ompany has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.
By: Done of Kubly Grace	e E. Kirby, Assistant Vice Pres	ident
(Signature of Registered Agent) Corporati	on Service Company	

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