## M10000003264

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
. (Cit	ty/State/Zip/Phone	e #)
	WAIT	MAIL
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**EXAMINER** 



800208550628

DIVISION OF CORPORATION
11 JUN 21 PH 4: 20





ACCOUNT NO. : I2000000195

REFERENCE: 810255 7392195

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2011

ORDER TIME : 9:51 AM

ORDER NO. : 810255-003

CUSTOMER NO: 7392195

## CHANGE OF AGENT

ATLANTIC CREDIT & FINANCE NAME:

SPECIAL FINANCE UNIT III, 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

in the State of Florida.	08.508, Florida Statutes, the undersigned limited liability ochange its registered office or registered agent, on both,
1. Name of the limited liability company: ATLANT	IC CREDIT & FINANCE SPECIAL FINANCE UNIT HELL
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	mpany: 2727 Franklin Road SW Roanoke VA 24014
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2727 Franklin Road SW Roanoke VA 24014
07/23/2010	M10000003264
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS	1201 Hays Street
	Tallahassee ,FL 32301
that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in hereby confirmed that the change(s) was/were author	er the laws of the State of Florida, it is hereby confirmed a street address of the registered office and the business the case of a Florida limited liability company, it is ized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the
Kelly Woolwine (Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·
By.	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I sition as registered agent as provided for in Chapter 608, ect a change in the registered office address, I hereby otified in writing of this change.
(Signature of Registered Agent) Sylvia Queppet, Asst. VP	

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