

m10000005014

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2015 APR 29 PM 1:30
FLORIDA

RECEIVED
15 APR 29 PM 4:55

LLC REGISTERED AGENT CHANGE
LTC FINANCIAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

ASR
4/30/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTC Financial Partners, 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 this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: LTC Financial Partners, LLC

2. (a) 5110 CARILLON POINT KIRKLAND, WA 98033 (b) 5110 CARILLON POINT KIRKLAND, WA 98033
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/12/2010 4. M10000005014
Date of filing/registration in Florida Document number

5. (a) NATIONAL CORPORATE RESEARCH, LTD., INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DR TALLAHASSEE, FL 32301

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

FILED
2015 APR 29 PM 1:30
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Agnes
Signature of a member or authorized representative of a member

Agnes Broszczak, member
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

CT Corporation System
James Martin, Asst Sec
Signature of Registered Agent

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

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT LTC Global, Inc. (A Corporation) incorporated under the laws of the state of Nevada and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Nancy Lydon, Stephanie Boehm and Agnes Broszczak, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporations's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Nancy Lydon, Stephanie Boehm and Agnes Broszczak shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 28th day of April, 2015

LTC Global, Inc.
A Nevada Corporation

By: David Yost
Name: DAVID YOST
Title: CEO

State of Oregon
County of Jackson

On April 28, 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared David A. Yost, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Susan Marie Larson
Susan Larson, Notary Public



4/29/2015 3:55:12 PM From: To: 8506176380(5/5)

EXHIBIT A

LTC Financial Partners, LLC