Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000330984 3)))



H170003309843ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number : (702)866-2689

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

ocuments@Incorp com Email Address:

LLC REGISTERED AGENT CHANGE FINPLAN III LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 19 2017

H 170003309843

COVER LETTER

10:	Registration Section Division of Corporations					
SUBJ	RCT:	пс				
0000		ne of Lin	nited Li	ability Company		
Dear S	Sir or Madam;					
The e	nclosed Registered Agent/Registered Off	fice Chan	ge and	fee(s) ere submitted for filing.		
Please	return all correspondence concerning th	is matter	to the i	following:		
	Lindsey Dane					
	Name of Person			_		
	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hughes Pkwy. · Sui	te 500S				
	Address					
	Las Vegas, NV 89169-6014	4				
	City/State and Zip Code					
	documents@incorp.com					
Ĭ	-mail address: (to be used for future ann	inaj reboi	rt notili	cation)		
For fu	ther information concerning this matter,	picase c	all: -	. बाह्र े		
Lind	sey Dane	at (800	246-2677 ext. 6919		
	Name of Person			Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MA	ILING ADDRESS:		
Division of Corporations Divis Clifton Building P.O.				istration Section		
			ision of Corporations			
			Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tall	ahassee, Florida 32314		
	Enclosed is a check for the following	nmount	:			
	☑ \$25 Filing Fee		□ \$ 55	5 Filing Fee & Certified Copy		
NHS1	B (2/14)					

H 170003309843

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 effice or registered agent, or both, in the State of Florida.

1. No	ame of the limited liability company: FinPlan I	II LLC		
2. (a)	8039 Cooper Creek Bivd Suite 101 University Part		э (ъ)	
(-)	Principal office address of limited liability compact (Note: MUST RE STREET ADDRESS)	ny:	(4)	Mailing address of limited liability company: (Note: MATRE POST OFFICE BOX)
	•		1 <u> </u>	
	06/25/2012		M12000	0003632
3.	Date of filing/registration in Florida		4,	Document number
5. (a)	INCORP SERVICES, INC.			
(-)	Registered Agent and Registered Office shown on the reco	ords of the I	Florida Dept. of S	State:
	17888 67Th Court North			
	Registered Office Address (MUST BE FT.ORIDA ST.	REET ADD	DRESS)	
				37
	Loxahatchee	FL	33470	17 06
	InCom Consison Inc		-1,	
(ъ)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Reg			Service
	Elect fame of 14% Repatried Agent and of 146 A Ken	retea On	ice andress:	
	17888 67th Court North			ு வ 🚾 — — .
	NEW Registered Office Address:			TALE ORIU
	Loxahetchee, FL 33470			——————————————————————————————————————
	Loxahatchee	, FL	3 8:70	
he cha igent v vas/wa	imited liability company is not organized under tange or changes are made, the Florida street addressed in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	ess of the ited liabili bers of th	registered off ity company, i e limited linbi	lice and the business office of the registere it is hereby confirmed that the change(s) lity company or as otherwise provided in
	Int		Rich Follett	
	ture of a membor or authorized representative of a member			Printed or typed name of signee
· /// C	by accept the appointment as registered agent ar ions of all statutes relative to the proper and com- igations of my position as registered agent as pr by reflect a change in the registered office addre I in writing of this change.	id agree t iplete perj ovided foi exx, I here	o act in this co formance of m r in Chapter 6 thy confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accepted. F.S. Or, if this document is being filed at the limited liability company has been
	Lindsey Dane on behalf of Inc	xorp Services,	ino.	
- Activities	re of Regultered Agent		·.	
	Division of Corporations • 1 FILE	P.O. Box NG FEE:		essee, FL 32314

INHS18 (2/14)

H170003309843