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.

(((H18000255859 3)))



H180002558593ABCA

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500. Phone

Fax Number : (702)866-2699

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

Email Address: documents @INCOrp.com

### LLC REGISTERED AGENT CHANGE AMOS FINANCIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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TO:

## HI8 000 2558593

#### COVERLETTER

TO:	Registration Section Division of Corporations						
ouna	SUBJECT:Amos Financial LLC  Name of Limited Liability Company						
SUBJ							
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ice Change and	fee(	s) are submitted for filing.			
	return all correspondence concerning thi	_					
	Karen Gibson						
	Name of Person						
	InCorp Services, Inc.			•			
	Firm/Company						
	3773 Howard Hughes Pkwy. Suite	e 500s					
	Address						
	Las Vegas, NV 89169-6014	1					
	City/State and Zip Code						
	documents@incorp.com	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•			
	E-mail address: (to be used for future ann	ual report nobl	ncao	on)			
For fu	orther information concerning this matter,	please call:					
Kar	en Gibson for InCorp Services, Inc.	at ( 702	)	866-2500 ext 6927			
	Name of Person		A:	ea Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.e	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	2 \$25 Filling Fee	□ \$.	55 Fi	ling Fee & Certified Copy			
ZHMI	18 (2/14)						

H180002558593

# $\pm 18000255893$ 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.	Na	me of the limited liability company: Amos Finar	icial LL	.C		
2	(a)	3330 Skokie Valley Road, Suite 301		(b)	3330 S	cokie Valley Road, Suite 301
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Highland Park, IL 60035			Highland	d Park, IL 60035
		08/13/2012			M120000	04574
3.		Date of filing/registration in Florida	-4	<b>}.</b>		Document number
5.	(a)	HAMISCH, ALAN				_
٥.	(-)	Registered Agent and Registered Office shown on the record	s of the F	lorida	Dept. of Sta	te:
		5659 Strand Court, Ste. 108				_
		Registered Office Address (MUST BE FLORIDA STRE	ET ADO	RESS	<u> </u>	_
						· _
		Naples	FL	34	1110	
			, , , , , , , , , , , , , , , , , , , ,		<u> </u>	_ `
	(b)	InCorp Services, Inc.	_			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ered Offi	ce nde	iresa:	
						•
		17888 67th Court North				_
		NEW Registered Office Address:				,
			_			_
				•		
		Loxahatchee	, FL	3.	3470	
the ag wa the	e che ent v ss/wi e arti	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the d liabili rs of th	regar ity ca e lim ited l	stered offic mpany, it ited ljabilj	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  rogluyan
		ture of a member or authorized representative of a member			-	Printed or typed name of signee
9	~(¿I	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.  Karen Gibson on belease of Registered Agent				

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