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2011 JUL 12 A片景中 84 SECRETARY OF STATE

T. CLINE
JUL 13 2011
EXAMINER

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: BRIDGEVIEW CAPITAL SOLUTIONS, LLC

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped convito undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

RYAN ERMIS

• 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	ne limited liability company: <u>BRI</u>	<u>IDGEVII</u>	<u>EW CAPITAL SOLI</u>	<u>UTIONS, L.L</u>	.C.	
2. (a) Princip	(a) Principal office address of limited liability company:			5881 GLENRIDGE DR NE 130		
(<u>Note</u>	: MUST BE STREET ADDRESS)		ATLANTA GA 30328	us	<u>_</u>	
(b) Mailin	g address of limited liability compar	ny:				
(<u>Note</u>	: MAY BE POST OFFICE BOX)					
	07/09/1997		M970000	00406		
3. Date of fili	ing/registration in Florida	4	. Document number	72 12 13 14		
5. (a) Regist	tered Agent and Registered Office sh	hown on th	ne records of the Florida	Dept of State:	क्षत्राहुत्वस् हि	
Regist	ered Agent:		C T CORPORATION	SYSTEM -	Aller,	
Regist	ered Office Address:		1200 SOUTH PINE IS PLANTATION FL 333		130	
(b) Enter r	name of NEW Registered Agent and	id/or <u>NEW</u>	Registered Office add	<u>lress</u> :		
<u>NEW</u> Registered Agent:			Registered Agent Solutions, Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		ESS)	155 Office Plaza Dr. Suite A			
			Tallahassee	,FL_3230	1	
confirmed tha and the busine liability comp of the member or the operatir	liability company is not organized ur t after the change or changes are madess office of the registered agent will any, it is hereby confirmed that the company or the limited liability company or agreement of the limited liability of the liab	ide, the Flo l be idention change(s)	orida street address of the cal. Or, in the case of a was/were authorized by	e registered offic Florida limited an affirmative v	ote	
	Art Flores Attorney-in-Fact					
Printed or typed n	· ·			T.C1		
I hereby acce comply with the and I am fami Chapter 608, address, I her	pt the appointment as registered age he provisions of all statutes relative t liar with and accept the obligations F.S. Or, if this document is being fil epy confirm that the limited liability	ent and ag to the prop of my pos led to mer company	ree to act in this capacit per and complete perfor ition as registered agent ely reflect a change in th has been notified in writ	'y. I further agre mance of my dut 'as provided for ne registered offi ting of this chan	ee to ies, in ice ge.	
Signature of Regis	A SEAN PREWITT, ASST. SEC.					

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

SPECIAL LIMITED POWER OF ATTORNEY TO EXECUTE CHANGE OF AGENT FORMS

Gail Johnson, a duly authorized officer and/or director of Bridgeview Capital Solutions, LLC, does hereby make, constitute, and appoint Registered Agent Solutions, Inc., and each duly authorized representative of such entity, including without limitations Mr. Art Flores, as her true and lawful attorney-in-fact with full right, power and authority for her, as an authorized officer or manager of the Entity, in her name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entity or on their behalf with any state agency in order to effectuate a change in the Entity registered agent to Registered Agent solutions, Inc.

GIVING AND GRANTING to said attorney-in-fact full power and authority to do and perform every act necessary or appropriate to be done in exercising of the form ping power as fully as Gail Johnson, a duly authorized officer or director of the Entity could do if personally present and acting, with full power of substitution and resubstitution, hereby ratifying, confirming, and approving all that said attorney-in-fact.

This Special Power of Attorney shall be effective as the date set forth below and shall continue in effect until revoked by Gail Johnson by written notice to said attorney-in-fact.

IN WITNESS WHEREOF, Gail Johnson has set her hand this 30th day of June, 2011

Name: Gail Johnson

Title: Vice President and Controller

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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