M97000000406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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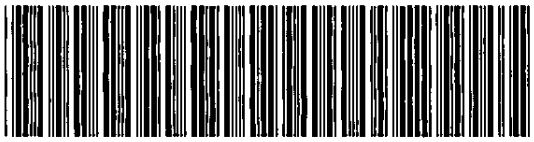

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DIVISION OF CORPORATIONS

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2013 SEP -4 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 5 2013
J. BRYAN

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 755595 7950951

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : August 7, 2013

ORDER TIME : 2:41 PM

ORDER NO. : 755595-010

CUSTOMER NO: 7950951

FILED
2013 SEP -4 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: BRIDGEVIEW CAPITAL SOLUTIONS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridgeview Capital Solutions, 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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gail Johnson
Name of Person

Bridgeview Capital Solutions, LLC
Firm/Company

2847 Veterans Memorial HWY, #1685
Address

Austell, GA 30168
City/State and Zip Code

gail.johnson@bridgeviewbank.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Johnson at (770) 635-1775
Name of Person — 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

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 limited liability company: Bridgeview Capital Solutions, LLC

2. (a) Principal office address of limited liability company: 2847 Veterans Memorial HWY
#1685
Austell, GA 30168
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company: 2847 Veterans Memorial HWY
#1685
Austell, GA 30168
(*Note: MAY BE POST OFFICE BOX*)

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07/09/1997
3. Date of filing/registration in Florida

M97000000406
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Registered Agent Solutions, Inc.

Registered Office Address: 155 Office Plaza Dr
Suite A
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)
Tallahassee ,FL 32301

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.

Signature of a member or authorized representative of a member

Ronald Dunkel Manager
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 608, 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.

By:
Signature of Registered Agent Corporation Service Company Sue G. Knight
Assistant Vice President

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

INHS18 (05/08)