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SECRETARY OF STATE
ANASSEE FLORIDA

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COVER LETTER

TO: Amendmen Division of	nt Section Corporations						
SUBJECT:	EL DORADO FINA Name of C	ANCIAL, INC.					
DOCUMENT NU	MBER: P020	000132404					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all con	rrespondence concerning this matter	to the following:					
	-						
	J. ATWOOD Name of Co	TAYLOR, III					
-	Name of Cor	ntact Person					
	ROSSWAY MOORE						
	Firm/Co	мпрапу					
	2101 INDIAN RIVER BO	NU EVARD SUITE 200					
	Add						
	VERO BEACH, F City/State ar	LORIDA 32960					
	City/State ar	d Zip Code					
	itavlor@verobea	chlawvers.com					
jtaylor@verobeachlawyers.com E-mail address: (to be used for future annual report notification)							
For further informa	tion concerning this matter, please of	all:					
	TAYOOD TAYLOD III	770					
	WOOD TAYLOR, III ne of Contact Person	at (772) 231-4440 Area Code & Daytime Telephone Number					
		, i					
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tailahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
		i alianassee, i'l 32301					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	e of Florida		_
1. The name of t	the corporation: EL DO	ORADO FINA	NCIAL, INC.			
	•		_, 2300 - 5TH AVENUE	E, VERO E	3EACH	1
FLORIDA	32960					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	12/18/2002	Document number:	P02000)13240	4
	I street address of the curtment of State: (If resign		nt and registered office on fi	le with the		
	LOUIS LUPIN, RC	SSWAY MOOF	RE & TAYLOR			
	5070 N. HWY A1A	, STE 200				
	VERO BEACH, FL	32963		SECF	ZOLO HAY	-77
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or registere	س-<	20	
	J. ATWOOD TAYL	OR, III, ROSSV	WAY MOORE TAYLOR	₹ <u></u> 700	TK	m
	& SWAN (Change	d), 2101 INDIAN	N RIVER BOULEVARE	ORIDA ORIDA	8:49	
	SUITE 200, VERO		RIDA 32960 (Changed))		
The street addre	ess of its registered office be identical.	ce and the street ad	dress of the business office	of its regist	tered age	nt,
Such change wa authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b	y its board of directors or be in writing of the change	oy an officei e.	· so	
Signatur	re of an officer or director		Matthew Mulle Printed or typed name	gan Pr	eside	ent
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle s been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the i g of this change.	agree to act in this capacity es relative to the proper an ation of my position as regi registered office address. I	v. d complete į stered agen hereby conf	performa t. Or, if irm that	nce this the
4			5/17/13			
Sig	nature of Degistered Agent		Date			_
If signing on be	chalf of an entity:					
	yped or Printed Name					

* * * FILING FEE: \$35.00 * * *