

P95000092/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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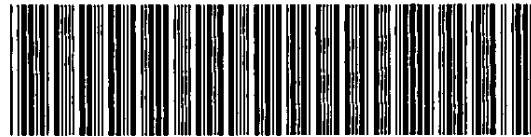
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*No change*

JUN 15 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH FL FINANCIAL GROUP INC.  
Name of Corporation

**DOCUMENT NUMBER:** P95000092105

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce D. KARLIV  
Name of Contact Person

SOUTH FL FINANCIAL GROUP INC.  
Firm/Company

16216 MIRA VISTA LANE  
Address

DELMAR BEACH FL 33446  
City/State and Zip Code

NANCY K 2211 @AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce D. KARLIV at ( 561 ) 901-2241  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTH FLORIDA FINANCIAL GROUP, INC.  
2. The principal office address: 16216 MIRA VISTA LANE  
DELRAY BEACH FL 33446  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/1/95 Document number: P 95000092105  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BROOK P. KARLIN  
2421 N.W. 40TH AVENUE  
BOCA RATON FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BROOK P. KARLIN  
16216 MIRA VISTA LANE  
DELRAY BEACH FL 33446

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

BROOK P. KARLIN  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

6/1/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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