P97000023378

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P.A. Mort

C. Coulliette APR 2 1 2005

COVER LETTER

TO:	Amendment Section Division of Corporations							
SHRI	ECT: EQUITY EXPRESS MORTGAGE CORPORATION							
SCD0	(Name of corporation)							
DOC	UMENT NUMBER: P97000023378							
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	Susan Rosen (Name of contact person)							
Wanda I. Rufin, P.A. (Firm/Company)								
1699 Coral Way suite 315 (Address)								
	(.144.000)							
	Miami, Florida 33145							
	(City/state and zip code)							
For fu	rther information concerning this matter, please call:							
Susan	Rosen at (305) 858-4242							
	Rosen at (305) 858-4242 (Name of contact person) (Area code & daytime telephone number)							
Enclos	sed is a \$35.00 check made payable to the Department of State.							
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399							

CR2E045(6/04)

TRANSMITTAL LETTER

SUBJECT: EQUITY EXPE	RESS MORTGAG	E CORPO	RATION
SUBJECT.		e of Corpora	
DOCUMENT NUMBER:	P97000023378		
The enclosed Officer/Directo	r Resignation for a C	Corporation	and fee are submitted for filing
Please return all corresponder	nce concerning this	matter to th	e following:
Susan Rosen			
(Name	of Person)		
Wanda I. Rufin, P.A.			
(Name of F	irm/Company)		
1699 Coral Way suite 31			
(Ad	ldress)		
Miami, Florida 33145			
(City/State	and Zip Code)		··
For further information conce	erning this matter, pl	ease call:	
Susan Rosen	at (305	858-4242 & Daytime Telephone Number)
(Name of Person	on)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.0	0 made payable to t	he Florida l	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Add Amendmen Division of 409 E. Gain Tallahassee	t Section Corporationes Street	

TO: Amendment Section Division of Corporations

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

statement of change	visions of sections 607.0502, 617.0502, 0 is submitted for a corporation organize change its registered office or registered	d under the laws of the State of Flori	da				
1. The name of the corporation: EQUITY EXPRESS MORTGAGE CORPORATION							
	ce address: 401 Miracle Mile, Suit 107						
·	Coral Gables, Florida 3313	4					
3. The mailing addre	ess (if different):						
4. Date of incorpora	tion/qualification: 03/13/1997	Document number: P970000233	378				
	eet address of the current registered ager						
Jan	mes Abbate						
401	1 Miracle Mile, Suite 107						
Co	oral Gables, Florida 33134			05/			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					FILE		
Ta	ra Abbate			=	Ö		
40	1 Miracle Mile, Suite 107			=======================================			
	(P.O. Box NOT acceptable)			N			
<u>Co</u>	oral Gables, Florida 33134						
The street address of as changed will be	of its registered office and the street ad identical.	dress of the business office of its re	gistered	l agent	••		
Such change was a authorized by the b	outhorized by resolution duly adopted board, or the corporation has been notified.	y its board of directors or by an off ied in writing of the change.	icer so				
/ gu		Tara Abbate, Director					
,	ran officer or director)	(Printed or typed name and title)					
I hereby accept the I further agree to co of my duties, and I document is being a corporation has be	appointment as registered agent and a comply with the provisions of all statute am familiar with and accept the obliga filed merely to reflect a change in the i en notified in writing of this change.	agree to act in this capacity, es relative to the proper and comple ation of my position as registered as registered office address, I hereby c	ete perfo gent. O confirm i	rmana r, if th that th	re is e		
//M		3/13/05					
(Signatu	ure of Registered Agent)	, (Date)					
If signing on behal	f of an entity:						
Tara Abbate							
(Турес	d or Printed Name)						

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