## F02000000007

Office Use Only



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2008 JAN 18 PM 2: 14
SECRETARY OF STATE

R.A. Change

TB

1-23-08

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

	he provisions of sections change is submitted for a				es, this
in c	rder to change its register	red office or register	ed agent, or both, in t	he State of Florid	a.
1. The name	of the corporation:	Regal	Mortge	age (	empai
2. The princ	oal office address:	2575 E	Came	Porck	5/2 45
2 The mailie	g address (if different):	7/04/1/	, 112 0	,50/0	
5. The main	g address (II different)				
4. Date of in	orporation/qualification:	1/2/02	Document number	er: F026	000000C
	and street address of the c	current registered age	nt and registered offi	ce on file with the	;
Florida De	partment of State:	4:	. 5 1		
	12	sporations. Pine	n yzue	$\frac{\gamma_1}{\alpha}$	
	1200 5	5. Tine	LSland 1	load	1 2
·	Plan	tation,	FL 33:	324	2008 JAN SECRET TALLAH
6 The name	and street address of the r	new registered agent	(if changed) and /or r	egistered office	AHA AHA
(if change		a a	(if changed) and for the	egistered office	ARY SSE
	In CORF	Servic	es Inc	·•	mon P
:	17888	67 m (	ourt N	Joseph	2: I STAT LOR
		O. Box NOT acceptable)	<u> </u>	21/7/	DM F
	FUXAN	atchee	-, FL 3.	347U	
The street ac	dress of its registered of vill be identical.	fice and the street ac	ddress of the busines	s office of its reg	istered agent,
	vas authorized by resol the board, or the corpo	lution duly adopted l	by its board of direct	ors or by an offic	er so
authorized b	The board, or the corpo	ration has been noti	ried in writing of the	change.	Park
(Si	nature of an officer or director)		DAVA (Printed or	typed name and title	ores
I hereby acc	ept the appointment as re	egistered agent and ovisions of all statut	agree to act in this c	capacity. oper and complete	e nerformance
of my duties document is	e to comply with the pro and I am familiar with a being filed merely to refl	and accept the oblig lect a change in the	ation of my position registered office ada	as registered age lress, I hereby co	nt. Or, if this nfirm that the
corporation	has béen notified in writ	ing of this change.	./.,	60	
	(Signature of Registered Agent)	ONO		(Date)	
If signing or	behalf of an entity:		, ,	· · · · · · · ·	
		1 Time			
/ M//	RP Dervices	ントハC		•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)