F95000002993

(Re	questor's Name)	
(Ád	dress)	
(Address)		
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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National Registered Agents, Inc.

. "NRAI, the best choice for statutory representation"

March 10, 2009

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

RE:

APEX Mortgage Corp. (Pennsylvania Domestic)

Order # PS/PM-09-0078

Dear Sir/Madam:

We now enclose for filing the documents identified below:

INCORPORATION	MERGER
QUALIFICATION	_A. Domestic _B. Foreign
X_CHANGE OF AGENT/OFFICE _A. Domestic XB. Foreign	DISSOLUTIONA. Statement of IntentB.Certificate of Dissolution
AMENDMENT _A. Domestic	WITHDRAWAL
_A. Bomeste _B. Foreign	OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

PLEASE RETURN TO:

Peter F. Souza NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

EMAIL: psouza@gecgrp.com

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

COVER LETTER

	lment Section on of Corporations	
SUBJECT: Ap	pex Commercial Capital Corp. (Cross Reference (Name of Corpe	ce Name Apex Mortgage Corp.)
DOCUMENT	NUMBER: F95000002993	•
	tatement of Change of Registered Office/A	-
Please return al	Il correspondence concerning this matter to	the following:
	Peter F. Souza	
	(Name of Contac	t Person)
	GEC Group, LLC (Firm/Comp	any)
	(Finizeon)	any)
	2731 Executive Park Drive, Sui	te 4
	(Address	
-		-
	Weston, Florida 33331	
	(City/State and Z	Cip Code)
For further info	ormation concerning this matter, please call:	
Peter F. Souz	za "	at (877) 261-6823
***** ********************************	(Name of Contact Person)	at (<u>877</u>) <u>261-6823</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Department	nt of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organiz in order to change its registered office or register	zed under the laws of the State of PA
1. The name of the corporation: Apex Commercial Capita	al Corp. (Cross Reference Name Apex Mortgage Cor
2. The principal office address: 185 Commerce Drive, U.	nit 102
Fort Washington, Pennsylvania 19034	
3. The mailing address (if different):	<u> </u>
4. Date of incorporation/qualification: 06/19/1995	Document number: F9500002993
5. The name and street address of the current registered age Florida Department of State:	ent and registered office on file with the
CT Corporation System	
1200 South Pine Island Road	SECR 09 M
Plantation, FL. 33324	AR 13
6. The name and street address of the new registered agent (if changed):	O9 HAR 13 PH 2: 47 (if changed) and /or registered office
NRAI Services, Inc.	5 of
2731 Executive Park Drive,	Suite 4
(P.O. Box NOT acceptable) Weston, FL 33331	
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, of the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
(Signature of an officer or director)	Peter F. Souza, Vice President (Printed or typed name and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance sation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
	3/4/2009
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Peter F. Souza (Typed or Printed Name)	i e
(Typed of France Maine)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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