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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Continental Trust Mortgage Corpo (Name of Corp.)	poration)
DOCUMENT NUMBER: H35560	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Lee J Osiason (Name of Conta	act Person)
Lee J Osiason esq (Firm/Com	pany)
201 Alhambra Circle (Addres	as)
Coral Gables, Fl 33134 (City/State and	Zip Code)
For further information concerning this matter, please call	l:
Lee J Osiason (Name of Contact Person)	at (305) 669-0822 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	ent 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



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 4, 2008

LEE J. OSIASON, ESQ. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

SUBJECT: CONTINENTAL TRUST MORTGAGE CORPORATION

Ref. Number: H35560

We have received your document for CONTINENTAL TRUST MORTGAGE CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The new registered agent listed in #6 must sign on the bottom of the form accepting the designation as registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call. (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 108A00020065

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.	
	he corporation: Continental Trust Mortgage Corporation	
	office address: 201 Alhambra Circle Suite 601	
ppu.	Coral Gables, FI 33134	
3. The mailing a	ddress (if different):	_
4. Date of incorp	poration/qualification: 12/27/1995 Document number: H35560	_
	I street address of the current registered agent and registered office on file with the timent of State:	
	Alejandra Lamas	
	5835 Blue Lagoon Drive Suite 100	
	Miami, FLORIDA 33126	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	_
	Lee J Osiason	<u>٦</u>
	201 Alhambra Circle Suite 601 (P.O. Box NOT acceptable)	
	(P.O. Box NOT acceptable)	
	Coral Gables, FI 33134	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signatu	Alejandra Lamas (Printed or typed name and title)	
I further agree to fmy duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. That the statute of Registered Agent) (Date)	
_	half of an entity:	
Т)	Syped or Printed Name)	

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