## H44207

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	(Address)	
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RAChange T. Lewis

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## TRANSMITTAL LETTER

	Amendment Section Division of Corporations	
SUBJEC	CT: ALTERNATIVE MORTGAGE F (Name of corporation	UNSING CORPORATION
DOCUM	MENT NUMBER: <u>H44207</u>	
The enclo	losed Statement of Change of Registered Office/Agent and	fee are submitted for filing.
Please ret	eturn all correspondence concerning this matter to the follow	wing:
	DIANG R SAM (Name of person)	UELS
_	ALTERNATIVE MORTGAGE FUN (Name of firm/company)	DING CORPORATION
	ZZZ S. WESTMONTE DRI (Address)	WE # 116
	Attamoure Sprices, FL (City/state and zip coo	327/4 le)
For furthe	ner information concerning this matter, please call:	
	DIANE R. SAMUELS at (Name of person)	(Area code & daytime telephone number)
Enclosed	d is a \$35.00 check made payable to the Department of State	e.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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 FloLiDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ALTERNATIVE MORTEAGE FUNDING CORPORATION
2. The principal office address: 222 5 WESTMONTE DRIVE #116
ALTAMONIT SPRINGS FL 32714
3. The mailing address (if different):
1 Patro 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Date of incorporation/qualification: 02/22/1985 Document number: H44207
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ROBLET M. SAMUELS
= · · · · · · · · · · · · · · · · · · ·
222 S. WESTMONTE DRIVE #116 TEST
AltAMONTE SPRINGS, FL 32714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DIANE R. SAMUELS
ω
(P.O. Box or personal mailbox NOT acceptable)
Altamoure Springs FL 32714
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 of an officer or director)  Dinnie R. Samuels, CEO (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.
Nienta 52 mil 5/27/2004
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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