## L01000014048

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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## TRANSMITTAL LETTER

Harvey Kope low T3 at (S61) 392-2728
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	Bristol Home Mc	ortgage Lending, U	<u>IC</u> .
2. The mailing address of the limited liability co		<b>-</b> /	. Rd. #301
Bag Raton, Fl 33433			
4/21/2001	10	10000 14048	
3. Date of filing/registration in Florida	4. Doc	ument number	
5. The name of the registered agent and the registered agent age	estered office address  Pyes PA. —  Name  Metho Park Ro  Address	as shown on the records  .,#205	of the
6. The name and address of the new registered a	State and Zip gent and/or office:	<u> </u>	FIGHT FOR S
7251 W. Florida street addres	Name Palmetto lan s (P.O. Box NOT ac	K Rd. #301 ceptable)	AM 10: 46
Boca Na Ton City, S	<u>FL クラタ</u> State and Zip	<u> </u>	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability of	nade, the Florida stre ill be identical. Or, is change(s) was/were as otherwise provide company.	et address of the registere	ed office
(Signature of a member or authorized representative of a member of a member of signature of signature of a member of signature of signature of a member of signature of signature of a member of signature	er)	· ——	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I amfamiliar with and accept the obligation Chapter 608, F.S., Or, if this document is being address, I hereby confirm that the limited liability	gent and agree to ac e to the proper and c is of my position as r filed to merely reflec ty company has been	et in this capacity. I furth complete performance of registered agent as provi ct a change in the registe a notified in writing of thi	ter agree to my duties, ded for in red office is change.
(Signature of Registered Agent)  Division of Corporations, P.	.O. Box 6327, Tallal	hassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)