## L03000027177

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u>.</u>
(Ci	ty/State/Zip/Phon	ne #)
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SECRETARY OF STATE
ANASSEF FLORID.

## **COVER LETTER**

*TO: Registration Section Division of Corporations	
SUBJECT: JIREH MORTGAGE AND REAL (Name of Limited	ESTATE COMPANY, LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
RAFAEL A. BORGE (Name of Person)	
JIREH MORTGAGE AND REAL ESTATE ( (Firm/Company)	COMPANY, LLC
7416 BISCAYNE BOULEVARD	
(Address)	
MIAMI, FLORIDA 33138 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
RAFAEL A. BORGE OR NIDIA BORGE at (S)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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 limite	ed liability cor	mpany is: JIREH MORTGAGE	AND REAL ESTATE C	COMPNAY, LI	_C	
2. The mailing address o	f the limited li	ability company is:				
7416 BISCAYNE BOULEV	ARD, MIAMI, F	FLORIDA 33138				
07/24/2003		L030	00027177			
3. Date of filing/registration in Florida		4. Do	4. Document number			
5. The name of the register Florida Department of		the registered office address	ss as shown on the re	ecords of th	.e	
-	RAFAEL A					
	1146 - 96TH	Name I STREET, SUITE 203				
Address BAY HARBOR ISLAND, FLA 33154			±	d., 0		
	BAT HARBO	City, State and Zip		OS A		
6. The name and address	of the new reg	gistered agent and/or office:	;	APR 25 CRETAR LAHASS	E CONTRACTOR OF THE PARTY OF TH	
	RAFAEL A.	BORGE		U'/		
	7416 BISCA	Name YNE BOULEVARD		AHII: 57		
	Florida stre	et address (P.O. Box NOT a	acceptable)	DE 7		
	MIAMI	FL 33138		_		
		City, State and Zip				
confirmed that after the c	hange or chan f the registered creby confirmed nited liability pt of the limite		reet address of the re	egistered of orida limited	ffice d	
PAFAEL A F (Printed or typed name of signee	ORGE					
( alpol a-	intment as res is of all statut id accept the c this document i that the limit	gistered agent and agree to es relative to the proper and obligations of my position as is being filed to merely refl ed liability company has he	act in this capacity. I complete performa s registered agent as ect a change in the i en notified in writin	I further a ince of my o s provided f registered o g of this ch	gree to luties, or in office inge.	
(Signature of Registered Agent)						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)