

LD4 000003355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

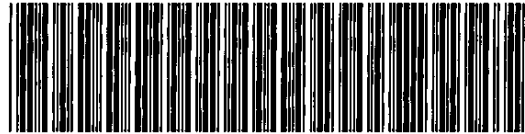
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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2006

TAMARA GARRETT
3512 E SILVER SPRINGS BLVD #125
OCALA, FL 34470

SUBJECT: AMERITRUST ADVANTAGE MORTGAGE, LLC
Ref. Number: L04000003355

We have received your document for AMERITRUST ADVANTAGE MORTGAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 406A00070947

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameritrust Advantage Mortgage LLC
(Name of Limited 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 matter to the following:

Tamara Garrett
(Name of Person)

Ameritrust Advantage Mortgage LLC
(Firm/Company)

3512 E Silver Springs Blvd #125
(Address)

Ocala, FL 34470
(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara Garrett at (352) 216-1500 or 352-732-2332
(Name of Person) (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:

☒ \$25 Filing Fee
☐ \$55 Filing Fee & Certified Copy

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: Ameritrust Advantage Mortgage, LLC.
2. The mailing address of the limited liability company is: 3512 E Silver Springs Blvd #125 Ocala,
FL 34470

01/13/2004

L04000003355

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Tamara R. Garrett

Name

3221 E Silver Springs Blvd

Address

Ocala, FL 34470

City, State and Zip

6. The name and address of the new registered agent and/or office:

Tamara R. Garrett

Name

3512 E Silver Springs Blvd #125

Florida street address (P.O. Box **NOT** acceptable)

Ocala

FL 34470

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Tamara R. Garrett

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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