L04000041296

(Re	equestor	's Name)	<u> </u>
(Ac	ldress)	<u></u>	
(Ac	ldress)		
(Cit	ty/State/	Zip/Phone	· #)
PICK-UP		WAIT	☐ MAIL
(Bu	siness l	Entity Nan	ne)
(Do	cument	Number)	
Certified Copies	_ c	ertificates	of Status
Special Instructions to	Filing O	fficer:	
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COVER LETTER

TO: Registration Section Division of Corporations		,			
SUBJECT: Millennium Mortgage Group (Name of L		bility Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Chan	age and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter	to the following:			
Craig T. Williams					
(Name of Person)					
Millennium Mortgage Group, LLC					
(Firm/Company)					
2529 Tamiami Trail					
(Address)					
Punta Gorda, FL 33950					
(City/State and Zip Code)					
For further information concerning this matter	er inlease c	all· —t			
	,, p. 0000 00	NEC!			
Craig T. Williams	at (941	286-5849			
(Name of Person)		(Area Code & Daytime Telephone Numbe	r)		
STREET/COURIER ADDRESS:	λ.	MAILING ADDRESS: Ψ			
Registration Section	Registration Section S				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle		Fallahassee, Florida 32314			
Tallahassee, Florida 32301					
Enclosed is a check for the following	g 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: Miller	nium Morte	gage Group, LLC			
2. The mailing address of	the limited liability compan	y is : <u>252</u>	9 Tamiami Trail			
Punta Gorda, FL 33950						
June 2, 2004		LC	04000041296			
3. Date of filing/registration	on in Florida	4.	Document numb	per		
5. The name of the register Florida Department of St	ed agent and the registered of	office add	lress as shown or	the reco	rds of	the
<u></u>	Oney, Hobert L Jr	- <u>-</u>				
	Nam	e				
<u>-</u>	2529 Tamiami Trail					
	Addre	SS				
<u>.</u>	Punta Gorda, FL 33950 City, State	and Zin				
	•	-				
6. The name and address of	f the new registered agent ar	nd/or offic	ce:			
<u>(</u>	Craig T. Williams					
'n	Name 2529 Tamiami Trail					
-		D NO	(T)			
	Florida street address (P.O.	Box NO	r acceptable)			
<u> </u>	Punta Gorda, FL	33950		<u>-</u>		
	City, State ar	nd Zip				
confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorized Hobert L. Oney, Jr. (Printed or typed name of signee)	he registered agent will be in the confirmed that the change ted liability company or as of of the limited liability comp and representative of a member)	ne Florida dentical. ge(s) was/ otherwise oany.	a street address of Or, in the case of were authorized provided in the	fthe regis frational by an affi articles of	stered a limi irmati forgati limi irmati forgati limi irmati forgati limi irmati forgati limi irmati l	office ted ive vote nization
comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the	tment as registered agent an of all statutes relative to the accept the obligations of my is document is being filed to hat the limited liability comp	na agree of proper of position merely roans has	io act in this cape ind complete per as registered ag eflect a change it been notified in i	formance formance ent as pro n the regi writing of	criner of my ovided stered this c	agree to v duties, l for in l office change.

(Signature of Registered Agent)