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2006 JUN -2 PH 4: 34



## **COVER LETTER**

TO: Registration Section Division of Corporations				
	A 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:			
Natalie Besanson (Name of Person)	2006 JUN -2			
(Firm/Company)  2230. Queens. BlvD  (Address)  Naples FL (City/State and Zip Code)	2006 JUN -2 PH 4: 34			
For further information concerning this matter, ple	ase call:			
Natalie Besanson at (Name of Person)	739) 248 1901 (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	S55 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.

· • · · · · · · · · · · · · · · · · · ·	<b>J</b>		
1. The name of the limited	liability company is: Ask	land MORTGage	Group, LO
2. The mailing address of t	the limited liability company is	land Moetgage: 2230 Queens	BLVD.
NAPLES FL			•
3/28/05  B. Date of filing/registration	n in Florida	<u>L 05000030</u> 4. Document number	090
Florida Department of S	tate:	ce address as shown on the reco	rds of the
- -	Legal 200m Name 44 W FLagle Address Miam: Fl. City, State and		SECRETARY CONDITION OF CONDITIO
- -	f the new registered agent and/o	Sanson S B/VI) x NOT acceptable)	LED STATE RY OF STATE AS A TIONS
-	Naples FL City, State and Z	<u> 34ルス</u>	
f the limited liability comp	pany is not organized under the range or changes are made, the Fine registered agent will be idented to confirmed that the change(sted liability company or as other of the limited liability company	laws of the State of Florida, it is lorida street address of the registical. Or, in the case of a Florid was/were authorized by an afferwise provided in the articles of	atomad affina
(Fruited orytyped name or signee)	esanson	_	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm to the confirm the confirm the confirmation of the	tment as registered agent and a of all statutes relative to the pracept the obligations of my point document is being filed to me half me limited liability compan	igree to act in this capacity. I fi oper and complete performance sition as registered agent as pr crely reflect a change in the regi y has been notified in writing of	urther agree to ? of my duties, ovided for in istered office f this change.
(organization) regime recommendation			

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

INHS18 (8/05)