## L05000052854

Investors Mortgage Scruth (Requestor's Name)				
3820 Colonial Blod. (Address)				
(Address)				
1-1.1111jers, 11. 33912 (Address)				
(Addless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Doorwood Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## 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.

agein, or com, in the bias	c of 1 tortal.		
1. The name of the limite	d liability company	is: Investors Mortgage South LLC	
2. The mailing address of	the limited liability	y company is : 3820 Colonial Blvd Ste 103	3
Fat Myen	$\sim$	9/2	
May 27, 2005		L05000052854	
		4. Document number	
• •	red agent and the re State:	egistered office address as shown on the recor	rds of the
	Lori Ulczycki	Name	
	6418 Ben Hogar		
	North Fort Myers	Address	DIVISION OF CO.
6. The name and address of		•	26
o. The hame and address (	inc new registere	d agent and/or office.	→ <sup>자</sup> 유
	Janet L. Penning	gton	S S S S S S
	3820 Colonial Bi	Name vd Ste 103	AM 11: 42
	Florida street add	ress (P.O. Box NOT acceptable)	<b></b>
	Fort Myers	<sub>FL</sub> 33912	
	City	y, State and Zip	
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operating agreement of the operating agreement of the operating agreement of a member of authority (Printed or typed name of signee)  I hereby accept the appoint of the operation of the op	ange or changes are the registered agent eby confirmed that I liability company if the limited liability and representative of a me as registered to fall statutes related accept the obligated accept the limited liability.		tered office a limited rmative vote of ganization or
(Signature of Registered Agent)	minaco	·	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ı of Corporations,	P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

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