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## **COVER LETTER**

Division of Corporations				
SUBJECT: South BAY MORTGAGE GROUP, LLC (Name of Limited Liability Company)				
(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:				
HARRY FREY (Name of Person)		05 OCT -3 PH 2:5		
SOUTH BAY MORTEAGE, GROUP, (Firm/Company)	uc	PH 2:51		
2441 US HWY 98E Ste 108 (Address)				
Santa Rosa Brach, Fl. 32459 (City/State and Aip Code)				
For further information concerning this matter, please call:				
HARRY FREY at (850) 267-2352 (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			

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 limited liability company is:	BAY MORTEAGE GROUP, L.L.C.
2. The mailing address of the limited liability company is:  Santa Rosa Beach, FL. 32459	
SEPTEMBEK 15 2005  3. Date of filing/registration in Florida	<u>L05000093317</u> 4. Document number
5. The name of the registered agent and the registered office Florida Department of State:    HARRY FREY     Name     155 (Aystal Beach   Desfin, Fl. 3254     City, State and 2	DR #135
6. The name and address of the new registered agent and/or  HARRY FREY Name  **S E/eventy 5t.  Florida street address (P.O. Box	office:
City, State and Zi  If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)  Julia Morrell  (Printed or typed name of signee)	p  aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company (Signature of Registered Agent)  Division of Corporations, P.O. Box 632 FILING FEE: \$2:	7, Tallahassee, FL 32314