L0600014495

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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HILED 77 MAY -8 PH 12: 07 BECRETANY OF STATE ALLAMASSEE ELOBBA

COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: American Family 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:		
	ricuse retain an correspondence concerning and matter to the tonowing.		
	Robert L Wildman		
	(Name of Person)		
	American Family Mortgage LLC (Firm/Company)		
MOLTH		i viriyanasyon da kiziyeri toga kozison andaga shikusiko. Ili viri oʻr Atsi	•
	6159 Deltona Blvd (Address)	<u></u>	CG
	Spring Hill, Florida 34606 (City/State and Zip Code)		
	For further information concerning this matter, please call:		
	Robert L Wildman	at (352) 592-9990	
	(Name of Person)	(Area Code & Daytime Telephone Nur	mber)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amount.	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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	y company is: America	in Family Mortgage LLC	
2. The mailing address of the limit	ted liability company is:	6159 Deltona Blvd	
Spring Hill, Florida 34606			
May 3 2007		L06000014495	
3. Date of filing/registration in Flo	orida	4. Document number	•
5. The name of the registered agen Florida Department of State:	t and the registered offic	e address as shown on the	he records of the
<u> </u>	Name		
7215	Castanea Drive		
5	Address		S S
Port	Richey, Florida City, State and 2	Zin	7.
6. The name and address of the nev	• *	•	FILED MAY-8 PHIZ: CRETAKT OF STA LAHASSEE, FLO
Robe	rt L Wildman		PH ED
2222	Name		الن النالة النالة
	Cross Tee Court street address (P.O. Box	NOT acceptable)	RED 07
		(1101 deceptation)	Þ
Brook			
	City, State and Zi	ip	
If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby conf of the members of the limited liab or the operating agreement of the l	changes are made, the Fl tered agent will be ident firmed that the change(s) ility company or as other imited liability company	lorida street address of the ical. Or, in the case of a was/were authorized by rwise provided in the art	he registered office
(Signature of a member or authorized represe	ntative of a member)		
Robert L Wildman		••	
(Printed or typed name of signee)		_	
I hereby accept the appointment a comply with the provisions of all st and I am familiar with and accept Chapter 608, F.S. Or, if this docu address Thereby confirm that the	is registered agent and a latules relative to the pro the obligations of my po. ment is being filed to me limited liability company	gree to act in this capac gree and complete perfo sition as registered age rely reflect a change in y has been notified in wr	ity. I further agree to rmance of my duties, at as provided for in the registered office iting of this change.
(Signature of Registered Agent)			

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

. . .

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 limite	d liability company is: An	nerican Family Mortgage LLC	
2. The mailing address of	the limited liability compar	y is: 6159 Deltona Blvd	
Spring Hill, Florida 34			
	 -		······································
May 3 2007		L06000014495	
3. Date of filing/registrati	on in Florida	4. Document number	r
5. The name of the registe Florida Department of	red agent and the registered State:	office address as shown on t	he records of the
•	Sandra L Woods		
	Nan	ne	
	7215 Castanea Drive		
	Addr		
	Port Richey, Florida		Z£ 9
	City, State	and Zip	LAHAY
6. The name and address of	of the new registered agent a	nd/or office:	FILED Y-8 PM12:07 HART UPSTATE
	Robert L Wildman		PH PH
	Name		
	2223 Cross Tee Cour	t	OR A
	Florida street address (P.C	. Box NOT acceptable)	DA DA
	Brooksville FL		
	City, State a	nd Zip	
confirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement when the confirmation is the confirmation of the confirmation and the confirmation is the confirmation of the confirmation in the confirmation is the confirmation of the confirmation in the confirmation is the confirmation of the confirmation in the confirmation of the confirmation is the confirmation of the	nange or changes are made, the registered agent will be reby confirmed that the char nited liability company or as at of the limited liability company.	the laws of the State of Flor the Florida street address of t identical. Or, in the case of a age(s) was/were authorized by otherwise provided in the ar apany.	the registered office
(Signature of a member or author	ized representative of a member)		
Robert L Wildman		<u></u>	
(Printed or typed name of signee)			
Stobert Del	intment as registered agent of sof all statutes relative to the decept the obligations of his document is being filed that the limited liability con	and agree to act in this capac ne proper and complete perfo ny position as registered age o merely reflect a change in npany has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)			

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

INHS18 (8/05)

COVER LETTER

CR2E062 (08/05)

TO: Registration Section Division of Corporations				
SUBJECT: Sunconst Consulting, LCC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Articles of Correction and fee(s) are submitted for filing	,			
Please return all correspondence concerning this matter to the following	ng:			
HAUNTA CLAPROTH David Ha (Name of Person)	ortey TALLAI			
Gunco AST Consultynts (Firm/Company)	O7 MAY 10 AM 9: 21 SECTE WARY OF SIVALE TALLAHASSEE. FLORIDA			
17923 BALMANA DR PLORAL (Address)				
LANDO LAKES, KC 34638 (City/State and Zip Code)				
For further information concerning this matter, please call:				
HANNIA CSAPROTH at (813) 735-9279 (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 □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			