# 100000035074

(Rec	questor's Name)	
(rtot	quodioi o maine)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
•	•	
(Add	dress)	
(City	//State/Zip/Phone	e #)
☐ PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



100070427641

04/18/06--010:2--035 \*\*30.00

SECRETARY OF STATENS
DIVISION OF CORPORATIONS
06 APR 18 PM 1:54

J. BRYAN APR 2.4 2006

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cypital Advantage Mortgage, UC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lvis Venegas (Name of Person)  Capital Advan faye Hortgage Luc & Sarr (Firm/Company)  (Address)
Nuples   Fl 34116 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (234) 871-0457  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\ \text{\$\sum{25.00 Filing Fee}} \text{\$\sum{55.00 Filing Fee}} \text{\$\sum{55.00 Filing Fee}} \text{\$\sum{Certified Copy}} \$\sum{Certif

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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: Cap	ital Advantage Mortgage, LLC		
2. The mailing address of the	he limited liability compar	ny is : 5043 28th pl sw		
naples, florida, 34116				
4/04/06		L06000	L06000035074	
3. Date of filing/registration	n in Florida	4. Document num	ber	
5. The name of the registere Florida Department of St	ed agent and the registered ate:	office address as shown of	n the records of the	
<u>v</u>	Wilkert Eugene			
_	Nar	ne		
4	1478 18th ave sw			
	Addr	ess	_ =	
naples, florida, 34116  City, State and Zip		and 7in	SEC SEC	
	• *	-	PR SEET	
6. The name and address of	the new registered agent a	and/or office:	OF APR 18	
L	uis Venegas		2 390	
	5043-28th Name	s. S.W	PH 1:54	
	Florida street address (P.C		54 54	
	·	_		
<u>n</u> :	aples FL			
	City, State a	and Zip		
If the limited liability components confirmed that after the charand the business office of the liability company, it is here of the members of the limit or the operating agreement of the work of the limit or the operating agreement of the limit of the operating agreement of the limit of the limit of the operating agreement of the limit o	nge or changes are made, he registered agent will be by confirmed that the char led liability company or as of the limited liability con	the Florida street address of identical. Or, in the case of age(s) was/were authorized otherwise provided in the	of the registered office of a Florida limited I by an affirmative vote	
Wilkert Eugen	) <b>-e</b>			
(Printed or typed name of signee)  -I-hereby accept the appoint comply with the provisions of and ham familiar with and a Chapter 608. F.S. Or, if this address, I hereby confirm the	ment as registered agent of all statutes relative to the accept the obligations of new accept the collections of the collections of the collections are the limited liability contact the liability contac	and agree to act in this cap he proper and complete per hy position as registered as ho merely reflect a change in hpany has been notified in	vacity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.	

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

(Signature of Registered Agent)