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(Re	equestor's Name)
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(Ci	ty/State/Zip/Phor	ne #)
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COVER LETTER

SUBJECT: United Financial & Mort		
(Name of I	f Limited Liability Company)	
Dear Sir or Madam:		·
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Benisa Levin		
(Name of Person)	CECR J	
Ponica Lovin DA	SECRETARY OF STATALLARIANSSEE, FLOS	. 1
Benisa Levin, PA (Firm/Company)	SET O	_
	一方	:
1900 NW Corporate Blvd., Ste 40	00E SA T	.
(Address)		
Boca Raton, FL 33431		
(City/State and Zip Code)	· .	
For further information concerning this matte	tter, please call:	
Benisa Levin	at (561) 988-6850	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
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	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: United	Financial & Mortgage Services, LLC
2. The mailing address of the limited liability company	is: 1200 NW 17th Ave., Ste 7
Delray Beach, FL 33445	
04/28/2006	L06000044208 로 달
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of the
Militello, Vincent J III	
Name 10339 Gentlewood Fores Address	
Boynton Beach, FL 3344	7
City, State an	•
6. The name and address of the new registered agent and	/or office:
Benisa Levin, PA	
Name 1900 NW Corporate Blvd	Ste 400E
Florida street address (P.O. E	
	33431
City, State and	Zip - · · · · · · · · · · · · · · · · · ·
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization
(Signature of a member or authorized representative of a member)	
Oince 7 Militello III (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I bereby confirm that the limited liability compositions of Registered Agent)	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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