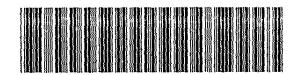
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(Red	questor's Name)		
(Address)			
(Address)			
(City	y/State/Zip/Phone	e #)	
PICK-UP	TIAW	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

We 3132

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Advanced Mortgage (Name of	Lending, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Tommy D. Permenter, Jr., Esq.		
(Name of Felson)		
BAPS&C (Firm/Company)	ALL AH	
101 S.W. Third Street	IAR)	
(Address)		
Ocala, FL 34474 (City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
For further information concerning this m	atter, please call:	
Tommy D. Permenter, Jr., Esq. (Name of Person)	at (352) 622-1188 (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 follow	ving 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	: Advanced Mortgage Lending, L	LC	
2. The mailing address of the limited liability of	company is : 1951 S.W. 18th Court	, Suite C, Ocala, Florida 34474	
5/23/06	L06000053132	L06000053132	
3. Date of filing/registration in Florida 4. Document n		per	
5. The name of the registered agent and the registered agent ag	stered office address as shown or	the records of the	
Frank A. Moone	ev		
	Name		
4510 W. Hwy. 40			
	Address	2° ° -	
Ocala, FL 34482		<u></u>	
City	, State and Zip	Po 2	
6. The name and address of the new registered agent and/or office:		SECRET	
Richard L. Barner, Jr.			
	Name	SSE 31	
<u>1951 S.W. 18th C</u>			
Florida street address (P.O. Box NOT acceptable)		; • • •	
Ocala	FL 34474	ORUS 5	
	State and Zip	<u> </u>	
City,	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are nand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of yill be identical. Or, in the case of the change(s) was/were authorized y or as otherwise provided in the a ty company.	f the registered office f a Florida limited by an affirmative vote	
Richard L. Barner, Jr. (Printed or typed name of signee)		w.	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and Lam familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being addiess, I hereby confirm that the limited liability	igent and agree to act in this cape to the proper and complete per is of my position as registered ag filed to merely reflect a change i ty company has been notified in s	acity. I further agree to formance of my duties, ent as provided for 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)