## L06000071854

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(Address)					
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SECRETARY OF STATE STORE OF CORPORATIONS

## **COVER LETTER**

Division of Corporations			
SUBJECT: A Better Choice Mortga	age Lender, LLC Limited Liability Company)		
(raine or	Elimed Elability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Nancy P. Smith	9 PV		
(Name of Person)			
A Better Choice Mortgage Lend	06 DEC 28 AM 11: 02 er, LLC		
(Firm/Company)	<u>61, LLO</u>		
1306-2 SE 46th Lane			
(Address)			
Cape Coral, FL 33904			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Maria de D. O. 1995	000 0074		
Nancy P. Smith (Name of Person)	at (239) 333-6871		
(Name of Ferson)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for the following	ng 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 limit	ed liability company is:	A Better Cho	oice Mortgage Lender	, LLC	
2. The mailing address o	f the limited liability co	mpany is : <u>13</u>	306-2 SE 46th Lane	<del>)</del>	
Cape Coral, FL 33904					
07/19/2006			L06000071854		
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the regist Florida Department of		tered office a	ddress as shown on the	he records of the	
	Nancy P. Toscan	<u> 1! </u>			
	4045 OM OFFI	Name		_ 0	
	4315 SW 25th Cou	Address		VISI VISI	
	Cape Coral, FL 33			EC SE	
	City,	State and Zip	•	SECRETARY SECRETARY OF DEC 28	
6. The name and address	of the new registered ag	gent and/or of	ffice:	CORPORATIONS B AM 11: 03	
	Nancy P. Smith			OR A	
		Name		0.75	
	1306-2 SE 46th La			<b>3</b> 25	
	Florida street address	(P.O. Box N	OT acceptable)		
	Cape Coral,	FL 3390	4		
	City, S	tate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is not the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are me fithe registered agent with the mited liability company not of the limited liability	ade, the Flori Il be identica change(s) wo or as otherwing company.	lda street address of the local control of the loca	ne registered office a Florida limited	
Nancy P. Smith					
(Printed or typed name of signee		. 7		7.C. J	
I hereby accept the apportunity with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered as registered as registered as so of all statutes relative and accept the obligation, this document is being for that the limited liability	gent and agree to the prope s of my positified to merel y company hi	ee to act in this capacer and complete perfo on as registered agen y reflect a change in a as been notified in wr	ity. I further agree to rmance of my duties, at as provided for in the registered office ting of this change.	
(Signature of Registered Agent)					

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