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(Requestor's Name)				
(Address)				
(Address)				
(Addiesa)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Emity Name)				
(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATION

Report DA 509

G. MCLEOD

APR 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corpo	rations		
	Visadom Mou	etenana III C	
SUBJECT:	Kingdom Mort		
; , , , , , , , , , , , , , , , , , , ,	(Name of Limi	ited Liability Company)	
		•	
Dear Sir or Madam:			
The enclosed Registered	Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this	s matter to the following:	
,	:	· · · · · ·	
Elida	R. Milanes		
(Nar	me of Person)		
Kinadom N	//ortgage, LLC		
	m/Company)		
`			
155 Crance Doo	st Blvd. Ste 2010		
	Address)		
(7)	(duress)	•	
	Springs, FL 32701		
(City/Sta	ate and Zip Code)		
	,	•	
For further information co	oncerning this matter, p	please call:	
	·····, Ł		
		700 0444	
Elida R.	at		
(Name of I	erson)	(Area Code & Daytime Telephone N	lumber)
STREET/COURIE	ER ADDRESS:	MAILING ADDRESS:	
	Registration Section Registration Section		
_	Division of Corporations Division of Corporations		
Clifton Building			
2661 Executive Cen	ter Circle	Tallahassee, Florida 32314	
Tallahassee, Florida	. 32301		
Enclosed is a che	ck for the following ar	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:	Kingdom Mortgage,LLC	•
2. The mailing address of the limited liability con	mpany is: 155 Cranes Roost Blvd. St	te. 2010
Altamonte Springs, FL 32701		•
Anamonie Springs, i L 32701		•
10/23/2006	L06000103520	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the re	ecords of the
Elida	R. Milanes	
	Name	
	herwood Dr.	_
	Address	
	Springs,FL 32714 State and Zip	98 ISIG
••	•	PR SECTION
6. The name and address of the new registered ag	ent and/or office:	SECRETARY VISION OF CO 08 APR 18
Elida R	R. Milanes	ORF C
	Vame	N SH
	post Blvd. Ste 2010	STATE DRATIO
Florida street address	(P.O. Box NOT acceptable)	- 02
Altamonte Springs,	FL 32701	_
City, St	ate and Zip	_
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	ade, the Florida street address of the related the identical. Or, in the case of a Florida change(s) was/were authorized by an or as otherwise provided in the article company.	egistered office orida limited affirmative vote
(Signature of a member or authorized representative of a member	r)	
(Printed or typed name of signee)		
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	ent and agree to act in this capacity. to the proper and complete performa t of my position as registered agent as tiled to merely reflect a change in the r y company has been notified in writing	I further agree to nce of my duties, s provided for in registered office g of this change.

(Signature of Registered Agent)