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COVER LETTER

00 124 224 124
TO: Registration Section Division of Corporations
SUBJECT: CARIB CHOICE MORTGAGE LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TREVOR PHILIPS (Name of Person)
CARIB CHOICE MORTGAGE LLC (Firm/Company)
595 5 Federal Highway Suite 600
Boca Raton Fl. 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
TREVOR PHILOS at (954) 422-8528 (Name of Person) (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 following amount:
\$25 Filing Fee \$\times \text{Tiling 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: CARIB CHOICE MORTGAC	gë LLC
2. The mailing address of the limited liability company is: 208 Congressions	2 way
Deer Field Beach FL. 33442	·
7/16/2007 3. Date of filing/registration in Florida L07 0000 73 76/ 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Springer, RANDALL Name 7350 NW 444 court Address Landerhill Fl. 33319 City, State and Zip	he SECF
6. The name and address of the new registered agent and/or office:	STARY FILE FILE FILE FILE FILE FILE FILE FILE
REVOR Hillips Name Ros Congressional Way Florida street address (P.O. Box NOT acceptable) Dees Held FL 33442 City, State and Zip	84 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
If the limited liability company is not organized under the laws of the State of Florida, it is hereb confirmed that after the change or changes are made, the Florida street address of the registered of and the business office of the registered agent will be identical. Or, in the case of a Florida limite liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative of the members of the limited liability company or as otherwise provided in the articles of organ or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	office ed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirmation the lighted liability company has been notified in writing of this change.

(Signature of Registered Agent)