L10000016498

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Filing Officer.		

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

NUA 1 0 5010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ns ·	
SUBJECT:	United Mortgage Partners LLC Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent	t/Registered Office Change and fee(s) are submitted for f	iling.
Please return all correspondence	ce concerning this matter to the following:	
Adriana		
Name of Pe	erson	
United Mortgage		O TO
Firm/Comp	oany .	ASS.
3660 Maguire E	Blvd., Ste. 107	10 NOV -9 PH 1: 38
Mulicas		TATE ORIE
Orlando, F		∵
City/State and Z	Lip Code .	
adriana.gibbs@ E-mail address: (to be used for futu	unitedmtg.com are annual report notification)	
For further information concer	ning this matter, please call:	
Adriana Gibbs	at (407) 455-6827	
Name of Person	Area Code & Daytime Telephone Num	ber
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check fo	r the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	v

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. Name of the limited liability company:	United Mortgage Partners LLC
2. (a) Principal office address of limited liabil	ity company: United Mortgage Partners LLC
(Note: MUST BE STREET ADDRES	(S) 3660 Maguire Blvd., Ste. 107 Orlando, FL 32803
(b) Mailing address of limited liability com	pany: United Mortgage Partners LLC
(Note: MAY BE POST OFFICE BOX	3660 Maguire Blvd., Ste. 107 Orlando, FL 32803
06/20/2007	L10000016498
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State.
Registered Agent:	Tim Mattingly
Registered Office Address:	L10000016498 4. Document number e shown on the records of the Florida Dept. of State. Tim Mattingly 3660 Maguire Blvd., Ste. 107 Orlando, FL 32803
	- Of
(b) Enter name of NEW Registered Agent	and/or NEW Registered Office address:
NEW Registered Agent:	Mike Manieri
NEW Registered Office Address:	3660 Maguire Blvd., Ste. 107
MUST BE FLORIDA STREET ADD	<u>Orlando</u> ,FL <u>32803</u>
confirmed that after the change or changes are	
Mike Manieri	
Printed or typed name of signee	
Bearing to	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in gilled to merely reflect a change in the registered office lity company has been notified in writing of this change.
Signature of Registered Agent	

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