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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: ULTIMATE MORTGAGE CO	NNECTION	١
3000		of Limited I	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the	following:
LISA	RIOUX		
	Name of Person		<u> </u>
ULTI	MATE MORTGAGE CONNECTION	N, LLC	
	Firm/Company		
9532	SE DUNCAN ST		
	Address		
НОВ	E SOUND/FL/33455		
	City/State and Zip Code		_
FAS	TMORTGAGES4U@GMAIL.COM		
	E-mail address: (to be used for future annu	ial report not	fication)
For fu	urther information concerning this matter,	please call:	
LISA	RIOUX	561	400-9478
	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	R D P	AILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS	18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

	me of the limited liability company:		OA DIOLIV
(a)	LISA RIOUX	(b) <u>Ll</u>	SA RIOUX
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	9532 SE DUNCAN ST	95	332 SE DUNCAN ST
	HOBE SOUND/FL 33455	H(OBE SOUND/FL 33455
	11/09/2011	L11	1000128216
	Date of filing/registration in Florida	4.	Document number
(a)	LISA RIOUX		
	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	Registered Office Address (MUST BE FLORIDA STREET) 2400 NE 65TH ST #210	ADDRESS)	
		33308	5
(b)	2400 NE 65TH ST #210	33308	
(b)	2400 NE 65TH ST #210 FORT LAUDERDALE , F	L33308	五 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b)	2400 NE 65TH ST #210 FORT LAUDERDALE , F	L33308	
(b)	2400 NE 65TH ST #210 FORT LAUDERDALE , F LISA RIOUX Enter name of NEW Registered Agent and/or NEW Registered	L33308	THE PO

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

LISA RIOUX Printed or typed name of signee

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent