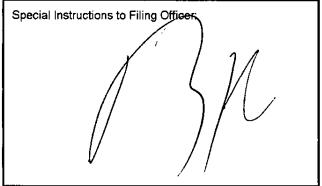
M06000001842

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								



Office Use Only



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DEPARTMENT OF STATE
VISION OF CORPORATION
VISION OF CORPORATION



` 1

ON SERVICE COMPANY							
AG	CCOUNT NO.	:	0721000000	32			
	REFERENCE	:	720391	7443861			
AUTI	ORIZATION	:	Louis A	Po ma	,		
(COST LIMIT	:	\$ 60,00	e man	<i></i>		
ORDER DATE : Januar	ry 19, 2007				一种 SE 37	1	
ORDER TIME : 9:49	AM				THE REAL PROPERTY.		
ORDER NO. : 720391	-300						
CUSTOMER NO: 744	3861				The state of the s	ڊب	
CHANGE OF AGENT							
NAME: COI	LLIER MORTGA	ΔGE	CORP, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED CO							
CONTACT PERSON: Doreen Wallace							

EXAMINER'S INITIALS:

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	d liability company is:	COLLIER M	ORTGAGE CORP, L	LC				
2. The mailing address of	the limited liability co	mnany is ·						
_	-	триту 15		· · · · · · · · · · · · · · · · · · ·				
847 N. Collier Blvd., Suite A,	Miarco Island, PL 34143			·				
03/28/2006			M06000001842					
3. Date of filing/registrati	on in Florida		4. Document num	ber				
5. The name of the registe Florida Department of S		tered office	address as shown o	on the records of the				
	C T Cor	rporation Syste	m					
		Name						
		th Pine Island I	Road					
		Address		至兴 乌				
Plantation, FL 33324 City, State and Zip								
	City,	State and Zi	ρ	E 2				
6. The name and address of	of the new registered ag	gent and/or o	ffice:	SSE P				
	Corporation	n Service Com	pany					
Name								
	· · · · · · · · · · · · · · · · · · ·	Hays Street						
Florida street address (P.O. Box NOT acceptable)								
	Tallahassee	FL	32301					
	City, St	tate and Zip						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)								
John D. Walter (Printed or typed name of signee) I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm		gent and agr to the prop s of my posit	ee to act in this ca er and complete pe jon as registered a	pacity. I further agree to erformance of my duties, egent as provided for in				
- Chan all	nis document is being f that the limited liabilit	ned to mere y company h	ly reflect a change las been notified in	in the registered office writing of this change.				
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. V Divisio	ice President n of Corporations, P.0	— O. Box 6327	, Tallahassee, FL	32314				

FILING FEE: \$25.00

INHS18 (8/05)