

m47296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Biscayne Finance Company

Name of Corporation

DOCUMENT NUMBER: M47296

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary E. Anderson

Name of Contact Person

Biscayne Finance Company

Firm/Company

2655 LeJeune Road, Suite 500

Address

Coral Gables, FL 33134

City/State and Zip Code

maryeanderson@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary E Anderson

Name of Contact Person

at (305) 6614320

Area Code & Daytime Telephone Number

or 786-797-2003

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Biscayne Finance Company
2. The principal office address: 2655 LeJeune Road, Suite 500
Coral Gables, FL 33134
3. The mailing address (if different): PO Box 0007
Coconut Grove, Florida 33233-0007
4. Date of incorporation/qualification: FEB 26, 1987 Document number: M47296
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mary E. Anderson, Pres

150 SE 2nd Ave, Suite 1302

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2655 Le Jeune Road, Suite 500

Coral Gables, FL 33134

P.O. Box NOT acceptable

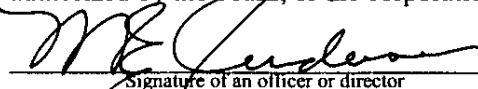
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mary E. Anderson, Pres
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

June 13, 2012

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314