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P01000008956

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

REGISTERED AGENT CHANGE

GULF COAST MORTGAGE FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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**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: Gulf Coast Mortgage Financial Services, Inc.
2. The principal office address: 2500 Del Prado Blvd S, Cape Coral, Florida 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/23/2001 Document number: P01000008956
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony E Lee

1108 NW 40th Pl

Cape Coral, FL 33993

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

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

(P.O. Box NOT acceptable)

Tallahassee, Florida 32301-2960

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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 officer or director)

Anthony Lee, President

(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)

10/17/2005

(Date)

If signing on behalf of an entity:

Business Filings Incorporated, Mark Schiff, AVP
(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

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