

PO10000028012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

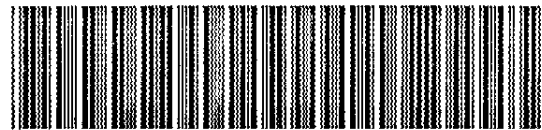
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/04--01076--003 **35.00

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Change

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04 MAY 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RR

*00789, 00721, 00709, 00671

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Family Lending Corporation
(Name of corporation)

DOCUMENT NUMBER: P01000028012

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:

Michael A. Manley
(Name of person)

American Family Lending Corporation
(Name of firm/company)

1628 Dale Mabry Hwy Ste 103
(Address)

Lutz, FL 33549
(City/state and zip code)

For further information concerning this matter, please call:

Michael A Manley at (813) 948-1154
(Name of person) (Area code & daytime telephone number)

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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 14, 2004

Michael A. Manley
American Family Lending Corporation
1628 Dale Mabry, Hwy Ste 103
Lutz, FL 33549

SUBJECT: AMERICAN FAMILY LENDING CORPORATION
Ref. Number: P01000028012

We have received your document for AMERICAN FAMILY LENDING CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 304A00033581

RECEIVED
04 MAY 21 AM 7:22
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, 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: ~~American Family Home Mortgage Corporation~~ American Family Lending Corporation
2. The principal office address: 1628 Dale Mabry Hwy Ste 103
Lutz, FL 33549
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/15/2001 Document number: P01000028012
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

19804 Wyndham Lakes Dr.

Odessa, FL 33556

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

1018 N Ward ST

Tampa, FL 33607

(P.O. Box or personal mailbox NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

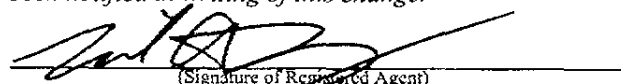
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Michael A Manley

(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)

5/3/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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