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SECRETARY OF SILVE OF SILVE OF CORPORATION OF CORPO

R.A. Charge LFT 8-9-04

COVER LETTER

то:	Amendment Section Division of Corporations						
SUBJE	CT: South Lake Mortgage Inc (Name of corporation)						
DOCU	MENT NUMBER: H0100088422 0						
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Ines S. Williams (Name of contact person)						
South Lake Mortgage, Inc. (Firm/Company)							
108 SE 3rd St. North (Address)							
	Belle Glade, FL 33430-3106						
(City/state and zip code)							
For fur	ther information concerning this matter, please call:						
Ines S.	Williams at (561) 985-7570 (Name of contact person) (Area code & daytime telephone number)						
	(Name of contact person) (Area code & daytime telephone number)						
Enclose	ed 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319						

2.3

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	zed under the laws of i	he State of Florida	this	- ·
1. The name of	the corporation: South Lake Mortgage, Inc.	o		<u> </u>	·
2. The principal	office address: 628 NW Ave. L, Suite 3, E	Belle Glade, FL 3343	0-1827		<u>.</u> .
				· .	· · · ·
3. The mailing a	address (if different):		· ·	<u> </u>	
		2011 - <u>201</u>	· <u>·</u>		3
4. Date of incor	poration/qualification: 08/08/01)34	
5. The name and	d street address of the current registered agortment of State:	•			
	Ines S. Williams/	ಕ್ಷಿಪ್ರಹಾಗಲ ಕಿ.ಗ್ರೀಪ್ ಸ್ಟ್ರಾಪ್ ಸ್ಟ್ರಾಪ್			
•	628 NW Ave. L, Suite 3	·		· · · · · · · · · · · · · · · · · · ·	3 5
	Belle Glade, FL 33430-1827			יי כר	TITLE 26 DM 12: 00
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or r	egistered office		ST CORE
(1 2 1 2 1 7 1			T was a second of the second o		PORAT
	400 OF Oud Of Months			U	
	(P.O. Box NOT acceptable)	<u> </u>		•	-
	Belle Glade, FL 33430-3106	·			
The street addr	ress of its registered office and the street a l be identical.	ddress of the busines	s office of its regist	cred ager	ıt,
Such change wauthorized by t	ras authorized by resolution duly adopted the board, or the corporation has been not	by its board of direct ified in writing of the	ors or by an officer change.	' SO	
Non	S Wille	Ines S. Williams		ر	_
=	ture of an officer or director)		typed name and title)		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the oblis ing filed merely to reflect a change in the is been notified in writing of this change.	l agree to act in this of tes relative to the progation of my position is registered office add	apacity, per und complete p as registered agent fress, I hereby conf	verforman t. Or, if th irm that t	ice his he
Name	A Wallen	07/19/2004_	<i>"</i>		
(S)	ignature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)		_
If signing on be	ehalf of an entity:				
((Typed or Printed Name)	÷1,			

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