

PO1000111091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

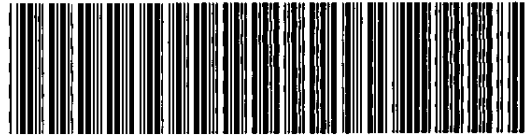
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400210442494

08/01/11--01016--022 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 AM 11:43

R.A. Chg.
C.COULLETTE

AUG 02 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Home Lenders, Inc
Name of Corporation

DOCUMENT NUMBER: P 01000111091

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:

Jonathan Shapiro
Name of Contact Person

American Home Lenders Inc
Firm/Company

19209 Skyridge Cir
Address

Boca Raton FL 33448
City/State and Zip Code

Hoot67@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Shapiro at (561) 213-6849
Name of Contact 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
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: American Home Lenders Inc
 2. The principal office address: 19209 Skyridge Cir Boca Raton, FL 33498 (recently changed)
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/20/2001 Document number: P01000111091

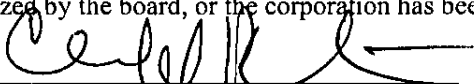
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Clifford Bernstein
8751 W Broward Blvd # 210
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Clifford Bernstein
19209 Skyridge Cir
P.O. Box NOT acceptable
Boca Raton, FL 33498

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 17 AUG - 1 AM 11:43


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.

x 
 Signature of an officer or director

Clifford Bernstein
 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.

x 
 Signature of Registered Agent

7/27/11
 Date

If signing on behalf of an entity:

 Typed or Printed Name

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