P01000112518

(Requestor's Name) LENDING CONSULTANTS, INC. LICENSED CORRESPONDENT LENDER 8358 W. OAKLAND PARK BLVD. • SUITE 202-A SUNRISE, FLORIDA 33351 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer: Hhorized Current information to put on document

Office Use Only

RO/RA Change



400008574394

10/28/02--01085--002 **35.00

10/28/02--01085--001 **35.00

FILED

02 OCT 28 PH 12: 55

SECKETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lending Consultants Tro. (Name of corporation)
DOCUMENT NUMBER:
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:
Sandra Rios =
Lending Consultants, Inc.
8358 (D. DAKLADO PARK BIND
Suncise Florica 33351 (City/state and zip code)
For further information concerning this matter, please call:
Sandra Rios at 954 578 - 6908 (Name of person) (Area code & daytime telephone number)
(Artea code & daytime telephone munoci)

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

PILED

02 OCT 28 PM 12: 55

SECTRETARY OF STATE
TALLAHASSEE EL SAIR

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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: <u>hending Consultants</u> , <u>Inc.</u>
2. The principal office address: 8358 W. DARbard Park Britain
38 2024, SUMUS, Florida 33351
3. The mailing address (if different): SQMC
4. Date of incorporation/qualification: NOI Document number: POI 00011 25/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
1 arry H. Galld Strin
5400 h () 10 5 h T =)
D.IIII John Crr,
Parkland, LI 33076
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Sandra Kios =
30 SU DANG AMPRIP
(P.O. Box or personal mailbox NOT acceptable)
Himbroke Piner, Fl 33005
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.
SANORA RIOS
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title) [I horsely account the approintment as variety and account and account to get in this approint.]
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 dúties, and I am familiar with and accept the obligation of my position as registered dgent. 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.
18/1/10 10-13-02 700
(Signature of Registered Agent) (Date)
Aff signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * * *
Make checks payable to Florida Department of State and Mail to:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314