## 28 450000000 F

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations  Division of Corporations  Division of Corporations  Division of Corporations  SIDDIST 108491 -09/30/0201084001 *****35.00
SUBJECT: SOUTH AND FINANCIA MORTGAGE SPRVICES, INC (Name of corporation)  DOCUMENT NUMBER: PO200060 2488
DOCUMENT NUMBER: PO200000 2488
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:
SAM KRAEMEN Do
(Name of person)
SAM KRAEMEN  (Name of person)  SOUTHLAND FINANCIAL MORTUAGE SERVICES INC  (Name of firm/company)  (Name of firm/company)  (Address)  CORAL SORIMAS FI 33065
4363 West SAMPLE RU ST CO CO
CORAL Springs, Ft. 33065 (City/state and zip code)
(City/state and zip code)
For further information concerning this matter, please call:
SAM KRAEMEN at (954) 575-1393 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02) RA- Wangl

**T BROWN** OCT - 2 2002

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

					l, Florida Statutes,	
-	f change is subm	itted for a corpore	ation organizea i	inaer the laws of the	re siate of n hoth in the State	e
FLORIO A	in order	to change its regis	nerea office or r	egisterea agem, o	r both, in the State	.ar .ar 50 × 4 <b>30</b> ×
					services, I	NC.
2. The principal	office address:_	9363 WEST	SAMPIL	ROAD		····
CORM	SpRINGS ,	Fi 3306.	<u> </u>			
3. The mailing	address (if differ	ent):			<u> </u>	<del></del>
4. Date of incor	poration/qualific	cation: 1/8/6	72Do	cument number: 1	02000002488	
	d street address artment of State:	of the current regis	stered agent and r	registered office or	n file with the	
	ROYALE.	MANAGEMEN	T SERVICES	, INC	- Egg	<b>-1</b>
	2319 N.	ANDREWS	AVE		P3	-
	For LAN	voen DML	FL 33311		— 2358 BX 0	
6. The name a changed):		s of the new regi	stered agent (if	changed) and /or	registered office (if	\$. E
	9363	WEST SE	IMPLE R	0		· · · · · · · · · · · · · · · · · · ·
		e Springs	, Fi 330	65		2
The street addragent, as change	ress of its registe ged will be ident	ered office and the tical.	street address o	f the business offi	ce of its registered	
Such change wanthorized by	as authorized by the board, or the	y resolution duly a corporation has b	adopted by its bo been notified in v	oard of directors of vriting of the char	r by an officer so age.	
	Cuvittiin er, chairman or vice cha		-	CIVETTIM nted or typed name and tit		
performance o	f my duties, and nt Or if this de	nt as registered a the provisions of I I am familiar wit ocument is being f m that the corpord	n ana accepi ine Gled merelv to re	flect a change in	position as the registered	•
Jan 1	16_		9/2	4/02	<del></del>	a variation of the second
	Signature of Registered	i Agent)		(Date)		· · · · · · · · · · · · · · · · · · ·
If signing on beha	ait of an entity: CACM EN				-	
	(Typed or Printed Nam	e)		(Capacity)		<u>जिल्ला</u> न प्रशो । च

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