P02000043446

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e#)
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PAJ9

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Firancial Guaranty Mortgage corp (Name of corporation)
DOCUMENT NUMBER: P0200043444
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:
Nothalie Nunez (Name of contact person)
Financial Guaranty Mortgage com.
9415 SW 72 street # 206 (Address)
Miami, FL 33173 (City/state and zip code)
For further information concerning this matter, please call:
Nathalic Nunez at (305) 382-4646 (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

TO:

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

statement of char	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the	be corporation: Financial Guaranty Montgage Corporation
2. The principal of	office address: 9415 sunsct Brive # 204
<u> </u>	ami fl 33173
3. The mailing ac	ddress (if different): - same -
4. Date of incorp	oration/qualification: 4/22/02 Document number: PO2000 43446
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	Michael Nunez
	9415 Sunset prive \$ 204
	Migmi, FL 33173
6. The name and (if changed):	Michael Nunez. 9415 Sunset prive # 204 Miami, FL 33173 street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (i
	9415 Sunset Brive #200
	Fiami (FL 33173
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signature	Nelson Avendano / President (Printed or typed name and litle)
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance in an familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	nature of Registered Agent) Mohn Muny 8-5-05 (Date)
If signing on beh	alf of an entity:
vekov'H	vendano
(Ту	/ped or Printed Name)

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314