## P0200005449

(Requestor's Name)	_	
(Address)	-	
(Address)	-	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		,
(Business Entity Name)	* ************************************	
(Document Number)		, .
Certified Copies Certificates of Status		<u>.</u>
Special Instructions to Filing Officer:	7	
,		
		/

Office Use Only

1069



100161113861

10/05/09--01009--015 \*\*35.00

2009 OCT -5 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corpor	rations			
SUBJECT:	LAKES MORTGAGE CONTROL Name of Corporate			
DOCUMENT NUMBER	:P020000	54449		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspond	dence concerning this matter to the	following:		
	MARIA C GARCIA-0 Name of Contact Po	CASALS erson		
LAKES MORTGAGE COMPANY Firm/Company				
honer,	7975 NW 154 STREET Address	,		
	MIAMI LAKES, FL	33016		
City/State and Zip Code				
	LAKESHOMELOANS@	AOL.COM		
E-mail	address: (to be used for future a			
For further information concerning this matter, please call:				
	RCIA-CASALS at (_	305 ) 823-8484 Area Code & Daytime Telephone Number		
Name of Co	ontact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 pheck	made payable to the Department o	f State.		
Ai Di P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

TO: Amendment Section

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

statement of cha	reprovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA representation or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: LAKES MORTGAGE COMPANY
2. The principal	office address: 7975 NW 154 STREET SUITE 260
MIAMI LA	KES, FL 33016
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 5/12/2002 Document number: 1020005449
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
Old	LAKES Morrgage Co.  16451 NW 67 Avenue  Miami Lakes Fr. 33014
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
$\mathcal{N}_{\mathcal{I}}$	LAKES MORTGAGE COMPANY
ha	7975 NW 154 STREET SUITE 260
	P.O. Box NOT acceptable
	MIAMI LAKES, FL 33016
The street address changed will	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 be board, or the corporation has been notified in writing of the change.
, ,	e of an office or director. Casals  Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. To Amply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	WCK (ON) 10-1-09 Date Date
If signing on be	// half of an entity:
· To	yped or Printed Name
••	(France - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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