P02000067438

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SECRETARY OF STATE
VALLAHASSEE, FINDER

W. C.

COVER LETTER

	dment Section on of Corporations
•	
SUBJECT:	morgage advantage corporation (Name of Corporation)
•	(Name of Corporation)
DOCUMENT	NUMBER: p02000067438
The enclosed S	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
٠	
	guerrero adriana
	(Name of Contact Person)
	morgage advantage corporation
	(Firm/Company)
	1916 red road
	(Address)
	miami fl. 33155
	(City/State and Zip Code)
For further info	ormation concerning this matter, please call:
. Allor	vara adaine
guer	rero adriana at (at (
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Department of State.
	Mailing Address: Street Address:

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

		17.0502, 607.1508, or 617.1508, Florida Statutes, this	
-	- -	organized under the laws of the State of registered agent, or both, in the State of Florida.	·
1. The name of		ige advantage corporation	
2. The principal	office address: 1916 red re	oad mlami fl, 33155	
3. The mailing a	address (if different):		·
4. Date of incorp	poration/qualification: 6/19/200	2 Document number: p02000087438	
	d street address of the current registrement of State:	tered agent and registered office on file with the	
•	lorenza wilson	AHE AR	"门
	9260 w commercali blvd	ا حرم	
	sunrise 11 33351	AM 10: E. FLO	Ш
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered offices a	
	. 70 nw 128 avenue		
	(P.O. Box NOT ac mlami fi, 33182	CCTREDIC)	
as changed with	be identical.	street address of the business office of its registered adopted by its board of directors or by an officer so een notified in writing of the change.	agent,
do	ones arbon	lorenza wilson(officer)	*
I hereby accept I further agree to of my duties, and document is being	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	(Privided or typed name and title) tent and agree to act in this capacity. all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, e in the registered office address, I hereby confirm the hange.	mance if this at the
	- Com	3/1/2008	
(Sig	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
(7	ypod 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
CR2E045 (8/05)