P02000095907

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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Morts age Companie Comple (Name of Corporation)	de, INC					
DOCUMENT NUMBER: P020009590	7					
The enclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.					
Please return all correspondence concerning this matter to the foll						
	-					
AUTHONEY CAS LE						
(Name of Contact Leiso						
Mortgese Company	Comphate					
(Firm/Company)						
381 POTTER ROAD						
(Address)						
WYST PALM Brach F	-L 33465					
For further information concerning this matter, please call:						
A						
(Name of Contact Person) at (5	61 (33-6234					
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of St	ate.					
Mailing Address: Amendment Section	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

statement of chan	ige is submit	ted for a corpo	oration organize	d under the law	7.1508, Florida States s of the State of Flori , in the State of Flori	lorida	
1. The name of th	ne corporation	n: Mort	gage Co	MPLNIES	Compliate	, INC.	
2. The principal of			POTTER			:	
Ma	ot palm	Beach	, FL	33405			
3. The mailing ad	ldress (if dif	ferent):	SAML	ng Abaru			
4. Date of incorpo	oration/quali	fication: 9	14/2001	L Document n	umber: <u>6020</u>	0009590	7
5. The name and Florida Departs			t registered ager	nt and registered	office on file with the	he	
			+ 411	rera, 1	O. A.		
	,	1840	SW 2	2 5+	4 FLR		
-	<u> </u>	Migmi	, FL	33145		20 9	
6. The name and (if changed):	street addres	ss of the new re	egistered agent (if changed) and	/or registered office	07 NOV 26 SECRETAR	Ξ
	Au	THONEY	CASLEN			92	TED
			NOT acceptable)			AHI:51	
			_			0m +	
			Brach			">	
The street address as changed will be	ss of its regi be identical.	stered office a	nd the street ad	dress of the bu	siness office of its re	egistered agent,	
Such change was authorized by the	s authorized e board, or t	l by resolution the corporation	duly adopted by has been notif	y its board of died in writing of	lirectors or by an off of the change.	ficer so	
. 1	Wan durice of			1.	THO VEY CASE ted or typed hame and title)		
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointno comply wi I am famil ig filed mero been notifie	nent as registe th the provisio iar with and a ely to reflect a d in writing o	ered agent and a ons of all statute ccept the oblige change in the i f this change	agree to act in es relative to th ation of my pos registered offic	this capacity e proper and comple ition as registered a e address, I hereby o	ete performance gent. Or, if this confirm that the	
	nature of Registe	ered Agent)			1/2 1/0 7 (Date)		
If signing on bel	nalfofan en	tity:					
ANTHOR	yped or Printed	Name) / NC	artyssy (o.	npines l	complete, pre	esdent.	
		* * *	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)