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MIAMI, FLORIDA (305)552-5973		
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CORPORATION NAME(S) &	DOCUMENT NUMI	BER(S) (if known):
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(Corporation Name)		(Document #)
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•	<u> </u>	Examiner's Initials

CR2E031(9/92)

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

Pursuant to the pro statement of change in order to	is submitted		n organized u	nder the la	ws of the State	of FLORIO	
1. The name of the	corporation:_	ATLANTI	c Oca	FAZI	Mortgo	AGE, IN	υc
2. The principal off				<u> </u>			_ = = ==
<del> </del>	<u></u>	MiAmi	, F(.	33	165		
3. The mailing add	ess (if differe	nt):	<u> </u>		<u></u>	to view or	
	<u></u>	<u> </u>			<u> </u>		<u> </u>
4. Date of incorpora	ation/qualific	ntion: 11 25	5/2002	Document	number: <u>P</u>	22000 [	25115
5. The name and str Florida Departm		f the current regi	stered agent a	nd register	ed office on fil	e with the	
	RAYN	rond ?	BARNE	TT	·	- #	
	308	LAKE			BLV	d. !	
_	KEY	LARG					~ ==
6. The name and state (if changed):		f the new registe $\overrightarrow{IA}$		hanged) ar	nd /or registere	d office HASSEI	FILE
_	1130	o sw		St.	·	P S	3
~ <del>-</del>		(P.O. Box NOT	acceptable)			GA.	လ ယ
	MIA	mi,	F(.	<u> 33/</u>	65	Dr	ူည္က
The street address as changed will be	of its registeridentical.	red office and th	e street addre	ess of the b	usiness office	of its registere	ed agent,
Such change was a authorized by the l	uthorized by board, or the	resolution duly corporation has	adopted by i been notified	ts board of in writing	directors or b	y an officer so	)
Raym	f an officer or dir	autl	<del>_</del>	RAYMO	nal B	ARNETT e and title)	
I hereby accept the I further agree to coff my duties, and I document is being corporation has be	e appointmen comply with i am familiar filed merely cen notified i	t as registered of he provisions of with and accept to reflect a char writing of this	ngent and agr fall statutes r t the obligation nge in the reg change.	ree to act in relative to i on of my po istered offi	n this capacity the proper and ssition as regis ce address, T	, l complete per, stered agent. ( hereby confirm	formance Or, if this 1 that the
_ Delle (Signat	ore of Registered	Apent)		<u>ö</u>	11/00 (Date)	/ ·	· ·
If signing on beha	f of an entity				( <del></del> ,		
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\* \* \* FILING FEE: \$35.00 \* \* \*