(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) Description of the content o	•	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)	1
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phon	e #)
(Document Number) Certified Copies Certificates of Status	. PICK-UP WAIT	MAIL
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity Na	me)
Certified Copies Certificates of Status		
	(Document Number)	
	Cartificat Canina Cartificate	a af Chatua
Special Instructions to Filing Officer:	Certified Copies Certificate:	s or Status
Special Instructions to Filing Officer:		· · · · · · · · · · · · · · · · · · ·
	Special Instructions to Filing Officer:	

Office Use Only



600079272746

09/11/06--01008--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: FIRST CLASS MONTGIAGE & LEW. (Name of Corpora	one Cone	
DOCUMENT NUMBER: P03000073532		
The enclosed Statement of Change of Registered Office/Agen		
Please return all correspondence concerning this matter to θ_{de}	following:	
KYLE W. BAYER (Name of Contact P	erson)	
FIRST CLASS MORTGAGE (Firm/Company	8 LENOING CORP	
470 BILTWORE WAY STE 200 (Address)		
Coral Grazies FL 33/34 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (305) 448. 2449 (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	Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

P.O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Vortore in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: First Chass Moretange 8 Levolule Corp. 2. The principal office address: 420 Biltimore way Ste 200 Corra Gazies FZ 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 7 3 2003 Document number: PO 300007353Z
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JOEL ZALDIVAR AVE TASSES & TO THE CORLAL GARDLES FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered, office (if changed):
470 BILTHURE WAY STE 200 - P NEW PRINCIPAL (PO. BOX NOT acceptable) Coverac GABLES TO 33134 ADDIRESS AS WELL
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Comparison of the composition of the corporation has been notified in writing of the change. Comparison of the comparison of the change of the change of the comparison of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of the duties, and I am familiar with and accept the obligation of the proper and complete performance of
(Typed 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)