P03000118371

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duningan Fatitu Nama)					
(Business Entity Name)					
(Document Number)					
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OR CONSTITUTE OF

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	VECT: LOWEST RATE MORTGAGE, INC. (Name of Corporation)
DOC	UMENT NUMBER: P03000118371
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	SCOTT E. ITKIN (Name of Contact Person)
	SOUTH FLORIDA TAX (Firm/Company)
	5001 SOUTH UNIVERSITY DRIVE, SUITE B (Address)
	DAVIE, FL 33328 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
	TT E. ITKIN at (754) 422-4044 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 inge is submitted for a corporation organized ir to change its registered office or registered	under the laws of the State of Flor	ida		
1. The name of t	the corporation: Lowest Rate Mortgage, Inc.				
	office address: 2756 East Atlantic Boulevard	, Pompano Beach, FL 33062			
3. The mailing a	ddress (if different): same as principal office)		-	
4. Date of incorp	poration/qualification: 10/22/2003	_ Document number: P030001183	371		
	I street address of the current registered agent rement of State:	and registered office on file with th	ie		
	South Florida Tax		JAR JAS	07	
	1514 North Dixie Highway		AHA AHA	SEP 24	<u> </u>
	Hollywood, FL 33020		TARY	24 PM	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					D
	South Florida Tax, Inc.		9		
5001 South University Drive, Suite B					
(P.O. Box NOT acceptable) Davie, FL 33328					
	ess of its registered office and the street add be identical. as authorized by resolution duly adopted by the board, or the corporation has been notified			agen	t,
authorized by the	Λ /				
(Signati	ye of an officer or director)	ason Jacobs (Printed or typed name and title)			-
I fürther agree	the appointment as registered agent and ag to comply with the provisions of all statutes nd I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	relative to the proper and comple ion of my position as registered as	aent ().	r it in	2115
A Company	s s	September 19, 2007			
	guature of Registered Agent)	(Date)			-
•	ehalf of an entity:				
Scott E. Itkin,	President Typed or Printed Name)				

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