P03000/3555

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OZOCI IZ AM 9: 07 SECRETARY OF STATE TALLAHASSEE. FLORIDA

FILED

A. Charge

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: FLORIDA STATE MORTGAGE HOTO	ΓLINE, INC.
DOCU	MENT NUMBER: PO3000135555	
The en	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
	RAMONA JUNKER (Name of Contact	t Person)
	FLORIDA STATE MORTGAGE H	
	2040 COURTYARD LOOP #100 (Address))
	SANFORD, FLORIDA 327 (City/State and Z	7/ ip Code)
For fu	rther information concerning this matter, please call:	
RAMO	ONA JUNKER (Name of Contact Person)	t (407) 323-3979 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departmen	nt of State.
	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of $\frac{FLOI}{FLOI}$	RIDA	
	er to change its registered office or registered agent, or both, in the State of Florid	a.	
	the corporation: FLORIDA STATE MORTGAGE HOTLINE, INC.		_
2. The principal	office address: 2040 COURTYARD LOOP #100	,	
3. The mailing a	address (if different): SAME		
,	D020004255	·ce	
	poration/qualification: 11-06-2003 Document number: PO30001355		_
	d street address of the current registered agent and registered office on file with the rtment of State:	:	
	STEPHANIE METZLER		
	517 WAKEMONT DRIVE		
	ORANGE PARK, FLORIDA 32065	T., 0	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	07 OCT 17 SECRETAR ALLAHASS	
	RAMONA JUNKER	AM SEE.	
	2040 COURTYARD LOOP #100	H 9: F ST/ , FL0	
	(P.O. Box NOT acceptable)	OR OT	
	SANFORD, FLORIDA 32771	A	
The street addr	ress of its registered office and the street address of the business office of its reg I be identical.	istered agent,	
Such change wanted by t	vas authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so	
Tolling	RAMONA JUNKER. EXECUTIVE (Printed or typed name and title)	DIRECTOR	
I hereby accep	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby costs been notified in writing of this change.	e performance ent. Or, if this onfirm that the	
	10-13-2007		
V-VV Vis	ignature of Registered Agent) (Date)		
If signing on b	ehalf of an entity:		
	to preside the state of the pro-		
	(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)

एक देवन्यक । अध्यक्षित्र व स्थान वाकि क्षान्त सम्बद्धा सामा वाद अन्तान

APPROVE