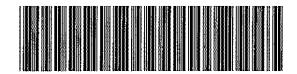
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: SunCrest Mortgage Co., Inc. (Name of corporation)							
DOCUMENT NUMBER: P04000010981							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Charles M. Hellin							
(Name of contact person)							
SunCrest Mortgage Co., Inc.							
(Firm/Company)							
5279 Fries Avenue (Address)							
North Port, FL 34288 (City/state and zip code)							
For further information concerning this matter, please call:							
Charles M. Heflin (Name of contact person) at (941) 429-569/ (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 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of change is	: submittec	ctions 607.0502, 617.0502 I for a corporation organi egistered office or registe	zed under the law	s of the State of <u>F</u>	orida
1 The name of the co	moration:	SunCrest Mortgage Co.	, Inc.		
2. The principal office		5279 Fries Avenue			
		North Port, FL 34288			
3. The mailing address	s (if diffen	ent):			
4. Date of incorporation	on/qualific	ation: 01/08/2004	Document n	umber: P040000	10981
5. The name and street Florida Department		of the current registered ag	ent and registered	office on file with	n the
Jason	n R. Mali				
215 E	ari Street	t			
Tarp	on Spring	s, FL 34689			-
6. The name and stree (if changed):	t address o	of the new registered agen	t (if changed) and	or registered offi	SECH TALLA
Char	les M. He	flin			AND AND
5279	Fries Ave				15 F
		(P.O. Box NOT acceptable)			7° ≥ 0
North	Port, FL	34288			REAL TO
The street address of as changed will be ide	its registe entical.	red office and the street a	address of the bus	iness office of its	registero bagent,
Such change was authorized by the boa	norized by ard, or the	resolution duly adopted corporation has been not	by its board of d tified in writing o	irectors or by an of the change.	officer so
C_{4}	e		Charles M. Hef		
(Signature of bit I hereby accept the ap I further agree to con of my duties, and I an document is being file corporation has been		nt as registered agent and the provisions of all state with and accept the obli to reflect a change in the n writing of this change.	•	ted or typed name and to this capacity e proper and com tion as registered e address, I hereb	•
Signatore			# b	_	
If signing on behalf o					
Charles M. Heflin					

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

(Typed or Printed Name)