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Amendment Section Division of Corporations

TO:

SUBJECT: Latitude 27 Financial, Inc. (Name of Corporation) DOCUMENT NUMBER: P04000013429 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: Erwin Andersen (Name of Contact Person) Latitude 27 Financial, Inc. (Firm/Company) 4307 2nd Ave NE (Address) Bradenton, FL 34208 (City/State and Zip Code) For further information concerning this matter, please call: **Erwin Andersen** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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

	of the corporation: Latitud		ed agent, or both, in the State of . inc	, , , , , , , , , , , , , , , , , , , ,
	oal office address: 4307 2			
z. The princip	par office address	HOTO HE, DIE	00/NO/I, 1 E 0 1200	
3. The mailin	g address (if different):			
4. Date of inc	corporation/qualification:	anuary 2004	Document number: P0400	10013429
	and street address of the cur partment of State:	rrent registered age	ent and registered office on file w	ith the
	Erwin Andersen			
	1618 Pt. Pleasa	ant Ave		- 음: 응
	Bradenton, FL	34205		
6. The name (if changed		w registered agent ((if changed) and /or registered of	表示 一
	Erwin Anderser	<u>1</u>		STAT
	4307 2nd Ave N	······		RIGE T
	@.o Bradenton, FL	D. Box NOT acceptable)		
SEL : -44			11 64 1 4 65 6	
_			ddress of the business office of	
Such change authorized by	was authorized by resoluty the board, or the corpora	tion duly adopted i ition has been noti	by its board of directors or by a fied in writing of the change.	n officer so
Come	matule of an officer of director)		Erwin Andersen-Preside	nt atilei
	. ,	ristered agent and visions of all statut ad accept the oblig ct a change in the ng of this change.	agree to act in this capacity, es relative to the proper and co atton of my position as register registered office address, I her	
Come	Moun		May 15, 2006	
	(Signature of Registered Agent)		(Date)	<u> </u>
If alamina an	behalf of an entity:			

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