POH000023938

(Requestor's Name)			
		- 	
(Address)			
(A.d.			
(Addr	ess)		
(City/	State/Zip/Phon	e #\	
(Eligi		- ··•	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEF FINALE



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: lock rate mortgage solutions inc (Name of Corporation)
DOCUMENT NUMBER: PO4000023938
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:
semper gomez (Name of Contact Person)
lock rate mortgage solutions inc (Firm/Company)
9240 south west 72 ND street suite#202 (Address)
Miami ,Florida 33173 (City/State and Zip Code)
For further information concerning this matter, please call:
semper gomez (Name of Contact Person) at (78%) 255-1350 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

FOR CORFORATIONS

statement of che	provisions of sections 607.0502, 617.02 ange is submitted for a corporation orgo er to change its registered office or regis	unized under the laws o	f the State of florida
1. The name of	the corporation: lock rate mortgage solu	utions, inc.	
2. The principal	office address: 9240 south west 72nd	street suite #202	MIAMI ,FLORIDA 33173
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2/3/2004	Document num	ber: PO4000023938
	d street address of the current registered rtment of State:	agent and registered of	fice on file with the
	SEMPER GOMEZ		
	15715 SOUTH DIXIE HWY	SUITE #205	
	PALMETO BAY,FL 33157		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or	registered office
	SEMPER GOMEZ	40	07 SEC
	9240 SOUTH WEST 72ND S	TREET SUITE #2	202 AHAS
	(P.O. Box NOT acceptabel MIAMI,FL 33173	le)	-7 PA SSEE FI
The street address changed will	ess of its registered office and the stree be identical.	et address of the busine	ess office of its registered agent,
Such change was authorized by	as authorized by resolution duly adopt board, or the corporation has been i	ed by its board of dire notified in writing of th	ctors or by an officer so
- (Signati	ure of an officer or director)	SEMPER GOME	Z or typed name and title)
	the appointment as registered agent of to comply with the provisions of all sta of am familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this chang	•	• •
Sto	7493	7/30/2007	
If signing on be	gnation of Registered Agent)		(Date)
	Fyped or Printed Name)	No. of the	
	* * * FILING F	EE: \$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)