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Office Use Only



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SECRETARY OF STATE
AND SEEF FINANCES



COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: <u>PO40000</u> 98223 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: (Name of Contact Person) For further information concerning this matter, please call: at (954) 2885735 (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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FIOSIDIA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Universel montgage Protection, Inc
2. The principal office address: 6750 TAft Strast
Holywood florion 33024
3. The mailing address (if different): 6750 TAH Street
Holywood fle 33024
4. Date of incorporation/qualification: 6/28/04 Document number: PO400098223
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
alfres Clores
600 N. Pine Island Rul Fig 8
#450 Pundation PUD 33324 FF = T
6. The name and street address of the new registered agent (if changed) and /or registered office (SR) (if changed):
AT FRENO FLORES 55 0
GISO TAFT Street (P.O. Box NOT acceptable)
Hollywood flo 33024
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Minahure an officer or director) (Minahure an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Nignature of Registered Agent) 12/31/05
If signing on behalf of an entity:
(Typed or Printed Name)

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