## P04000104891

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only

Kolch8 (10, 9.27.07



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DIVISION OF SEP 21 AM 11:31

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MATC	Name of Co	MOLTHAGE IN poration)	VESTORS, INC
DOCUMENT NUMBER:	P04000	104891	
The enclosed Statement of Change	of Registered Office/	Agent and fee are submitte	d for filing.
Please return all correspondence co	oncerning this matter t	o the following:	
	Name of Cont	Person)	
Mates	km oker M (Firm/Con	ortgage Inv	lestors, inc
(new)	BELLEVIE (Addre	EN BLND &	Suite 403
Bei	LEAIR (City/State and	FL 33750 Zip Code)	<u></u>
For further information concerning	this matter, please cal	1;	
(Name of Contact P	erson)	at ( <u>727</u> ) <u>4/</u> (Area Code & Daytim	e Telephone Number)
Enclosed is a \$35.00 check made page	ayable to the Departm	ent of State.	
<u>Mailing Ao</u> Amendme	ddress: nt Section	Street Address: Amendment Sect	ion

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

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

statement of change	e is submitted f	ons 607.0502, 617.0 or a corporation org istered office or reg	ganized under the	laws of the State of	of FLORIT	<u> </u>
1. The name of the	corporation:	MATCHMA	XER M	DRTGAGE	INVESTOR	
2. The principal off	ice address:	150 BELLE AT				
3. The mailing addr	ress (if differen	t):	•			
4. Date of incorpora	ation/qualificat	ion: 7/8/04	Docume	ent number: <u>Po</u>	+000 104 8	91
5. The name and str Florida Departme		the current registered	d agent and regist	ered office on file	with the	
	•	RT T. P		<del></del>		
		RWATER		•		92 s.
6. The name and str (if changed):	reet address of t	he new registered as	gent (if changed)	and /or registered	office	TOTAL PROPERTY OF THE PARTY OF
		BELLEVIC (P.O. Box NOT accepta EXTRAFI			403	WII. 31
The street address of the changed will be		d office and the stre	/		f its registered ag	ent,
Such change was a authorized by the f	oard, or the co	solution duly adop poration has been	ted by its board notified in writin	of directors or by	an officer so	
(Signature of	an officer or direct	<del>2</del>	RIB	ERT OR	EX VP	_SEC
hereby accept the further agree to confirm duties, and I document is being to corporation has be	appointment a omply with the am familiar wi aled merely to en notified in y	ns registered agent provisions of all st ih and accept the o reflect a change in viting of this chang	and agree to act atutes relative to bligation of my p the registered of ge.	in this capacity.  the proper and cosition as registe fice address, I he	complete perform ered agent. Or, if reby confirm that	ance this the
X (Signatu	re of Registered Age	TER ent)		9/19/07	·	
f signing on behalf	f of an entity:					
ROBER (Typed	or Printed Name)	TER				

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