P04000118274

(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: Aff. For Corptain Correct RAChange form with New Corp. address - en 6-6/08

Office Use Only



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DECRETARY OF STATE

(Merson)

COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: ASAP MUTCOGR and Investment Inc. (Name of Corporation)
DOCUMENT NUMBER: PCHCON 8274
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:
Michael Roberts
Michael Robert S (Name of Contact Person)
ASAP martgage and Investments (Firm/Company)
(Firm/Company)
1188 wadwads Dr. (Address)
WOXPOW OC 28173
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Refracts 407 600 Hours
(Name of Contact Person) at (407, 639-4814) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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 florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ASAR MATCOR and Investment 2. The principal office address: 1443 Codes Ray Dr. Jupiter 1 FL 33458
3. The mailing address (if different): 1/88 woodwinds Dr. Warhaw NC 28173
4. Date of incorporation/qualification: 813104 Document number: P04000118074
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
mohael 7 Robers
2773 Ravella way
Palm Beach Gardens IFL 33411 35 50
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael Roberts
7395 GUF Blod suite 2 (P.O. Box NOT acceptable)
St. Pete Beach Fl. 33706.
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.
Muhael T. Roberts President (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.
Muchail Roberts (Signature of Registered Agent) 30 may 08 (Date)
If signing on behalf of an entity:
Muchail T Roberto (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

STATEMENT OF CHANGE OF FEGISTERED 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 curporation organized under the laws of the State of Florida. In order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ASAP marticipe and Investment
2. The principal office address: 14th Construction of the State of
7395 GUIF BING STEELE BEACH FL 33706 M
3. The mailing address (if different): 1/158 wordwirds Dr. warhow nc 28173
4. Date of incorporation/qualification: 116/04 Document number: PO400116074
5. The name and street address of the comment registered agent and registered office on file with the Florida Department of State:
morcel 7. Robers
2773 Rovella way
Palm Beogh Gordens , FL 33-111 = 5
6. The name and street address of the new registered agent (if changed) and /or registered office.
Michael Testeras
7395 Galf Block suite 2
St-Pete Beach FL 33706
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 anthorized by resulution 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.
Muhail T. Hoberts President Michael T. Roberts President
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 will 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.
Muchailt Roberts 30 may 08' (Signature of Registered Age)
If signing on behalf of an entity:
Michael T Roberts
(Typed or Printed Name)