(Requestor's Name)	
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ASAR MU-GOOR and Investments Inc. (Name of Corporation)		
DOCUMENT NUMBER: PG400118274		
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:		
5		
Michael T. Roberts (Name of Contact Person)		
(Name of Contact Person)		
ASAR MOXAGOGE and Invertments Inc.		
14103 (cicles Bay Ave (Address)		
Supiter, FL 33458 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Opichad Robocti		
(Name of Contact Person) at (407) 539-4814 (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		
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 Cinton Building  2661 Executive Center Circle		
Tallahassee, FL 32301		

TO:

Amendment Section

## 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: ASAP Martigage and Investment Inc.
2. The principal office address: 1403 Cades Ray @ Ave.
Jupiter, FL 35458
3. The mailing address (if different): Live 3 Cacles Bay Ave.
Jupiter, FL 33458
4. Date of incorporation/qualification: 813 00 Document number: 10000118274
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Michael Roberts Zu Zu
7395 GWF Blud Ste 2 FR & T
St. Pete Beach FL. 33706.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael 1. Roberts
1403 Caches Bay Ave. (P.O. Box NOT acceptable)
Jupiter FL 38458
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.
Muhauf Thoberts Michael T. Roberts (Signature of 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.
Method T Koberts (0/30/08 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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