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COVER LETTER

Division of Corporations			
SUBJECT: STAR LENDING MORTGAGE INC (Name of Corporation)			
DOCUMENT NUMBER: P04000156299			
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:			
RICARDO ARACJO (Name of Contact Person)			
(Name of Contact Person)			
STAR LENDING MORTGAGE INC (Firm/Company)			
4872 rw 168 TERR (Address)			
GPA LOCK A FL 33055 (City/State and Zip Code)			
For further information concerning this matter, please call:			
<u>γειοΑ κοραί ενεξ</u> (Name of Contact Person) at (30 5) 975 2735 (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (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			



November 2, 2006

RICARDO ARAUJO STAR LENDING MORTGAGE INC 4872 NW 168 TERR OPA LOCKA, FL 33055

SUBJECT: STAR LENDING MORTGAGE INC

Ref. Number: P04000156299

We have received your document for STAR LENDING MORTGAGE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong individual signed as the new registered agent. Please correct accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 106A00064629

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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 FOITON -
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Str Leucinf - Mortoge Ine 2. The principal office address: 4872 NW 168 TEV. OPA WOCKE FC. 9
2. The principal office address: 4872 NW 160 TEST. OPA LOCKA FC. 93
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/16/2004 Document number: PO 4000 15629
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
- KUSU KUUITAVEZ
10224.NW. 1308T.
Hizleah · Gardens, Fl. 2018 = 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Nelida Rodrigues.
10315 · NW · 129 8T ·
Hizheh Condens 7. 20018.
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.
Signature of an officer or phrector) Richology (Printed or typed name grid 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
WELI'A Rodriquez
(Typed or Printed Name)

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