## P04000171348

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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA ROCHS
(1) 3/3/08



Florida Department of State **Division of Corporations PO BOX 6327** Tallahassee, FL 32314

**SUBJECT: Ref # P04000171348** 

**Attention: Irene Albritton** 

Per our conversation on February 25th, 2008, enclosed is The Statement of Change of Registered Agent, for Lyon Mortgage Services, Inc. Please make change accordingly. If you have any questions pertaining to this matter please contact our office directly at 954.252.9595 ext 103. Please see enclosed change form

Thank you,

Office Manager

SECRETARY OF STATE TALL AHASSEE. FLORIOA

2008 FEB 29 AM 8: 00

RECEIVED

The Lyon Family of Companies



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2007

KRISTY LYON LYON MORTGAGE SERVICES INC. 10032 GRIFFIN ROAD COOPER CITY, FL 33328

SUBJECT: LYON MORTGAGE SERVICES INC.

Ref. Number: P04000171348

We have received your document for LYON MORTGAGE SERVICES 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 document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 007A00064402

Sending RA change



October 23, 2007

KRISTY LYON LYON MORTGAGE SERVICES, INC. 10032 GRIFFIN ROAD COOPER CITY, FL 33328

SUBJECT: LYON MORTGAGE SERVICES INC.

Ref. Number: P04000171348

We have received your document for LYON MORTGAGE SERVICES 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 date of adoption of each amendment must be included in the document.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 407A00062287

## 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. Florid statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of the State	f-loular.
1. The name of the corporation: Ly on Mu-tgage San	" In I'
1. The name of the corporation: Lyon Mu-tgage Second 2. The principal office address: 10032 G-1/Li-Rd C	200parc, 426
3. The mailing address (if different):	
<ul> <li>4. Date of incorporation/qualification: 12/22/04 Document number: PO</li> <li>5. The name and street address of the current registered agent and registered office on file Florida Department of State:</li> </ul>	
- Spraget & Wtera PA	
1840 sw 22 st 4th 7/00-	
Miani Dl 33145 US	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	<u> </u>
5600 Sheridan St.	29 I
Darryl Schreiber Egg  5600 Shendan St.  [P.O. Box NOT acceptable)  [P.O. Box NOT acceptable)  33021	ANIO: 1
The street address of its registered office and the street address of the business office of as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer or director)  Mark Hon (Printed or Uped name as	nd 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 c of my duties, and I am familiar with and accept the obligation of my position as registe document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change.	omplete performance red agent. Or, if this reby confirm that the
(Signature of Registered Agent)  If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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