## P05000043794

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Double Manual)
Certified Copies Certificates of Status
Special Instructions to Filing Officer thorized by Mr. Gonzalez authorized by Phone to Change priarrobal Phone to Soom Do But address Srom
Mr. don de la correction
Phone to Box
address stom
•
Tlews 12/13/04

Office Use Only



200082394262

12/11/06--01067--001 \*\*35.00

PAchange Thews

FILED
2006 DEC 11 PM 3: 14
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: DOLPHIN FINANCE OF FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: P05000043794
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:
JORGE L. GOHZAUEZ  (Name of Contact Person)
DOLPHIN FINANCE OF FLORING INC. (Firm/Company)
P.O. Box 51697 (Address)
(Address)
LIGHTHOUSE POINT, 172 33074
(City/State and Zip Code)
For further information concerning this matter, please call:
TORGE L. GUNTAUEZ at (966) 759-5933 X-704 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 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: DOLPHIN GINANCE OF FLORIDA, THE.
2. The principal office address: 14280 Military Trail, Suite 7239 Delray Beach, FL 33484
3. The mailing address (if different): P.O. Box 51697
Lighthouse Point, FL 33074
4. Date of incorporation/qualification: 3/15/2005 Document number: P050000 43794
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JOEL J. BROW
1394 NE 48 L STREET
Pompaнo Beaet, FL 330 64 EE B
6. The name and street address of the new registered agent (if changed) and /or registered of the first changed):  \[ \int_{\text{ONZAUEZ}} \int_{\text{CS}} \i
1394 NE 48 L STREET
(P.O. Box, NOT acceptable)
Pompiono Reach, EL 33064
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.
Saniture of an officer or director)  TOEL J. Blow (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.
11/1/06
(Signifule of Registered Agent)  If signing on-behalf of an entity:
(Typed or Printed Name)

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