P0500058910

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	, , , ,	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
•	(======================================	
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

W. B.

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	ADVANTAGE	E NETWORK M	ORTGAGE	INC.
SCOOLE I.		(Name of O	Corporation)	
DOCUMENT N	UMBER:	P050000589	10	
The enclosed Star	tement of Change	of Registered Office	ce/Agent and fe	ee are submitted for filing.
Please return all	correspondence c	oncerning this matte	er to the follow	ing:
		LIZ Y. MI	RANDA	
			ontact Person)	
	ΑC	VANTAGE NET	WORK MOR	TGAGE INC.
	C 	(Firm/C	ompany)	
		2901 GRAFT		
		(Ad	dress)	
		KISSIMMEE,		
		` •	ınd Zip Code)	
For further inform	mation concerning	this matter, please	call:	
	LIZ Y. MIRANDA	4	at (407	₎ 518-7005
()	Name of Contact	Person)	(Area C) 518-7005 Code & Daytime Telephone Number)
Enclosed is a \$35	5.00 check made p	payable to the Depa	rtment of State.	
•	Mailing A	Address: ent Section	Str	eet Address:
		ent Section of Corporations		nendment Section
	P.O. Box			vision of Corporations fton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi to change its registered office or registe	zed under the laws of the State of	FLORIDA	
1. The name of the	ne corporation: ADVANTAGE NETWORK	K MORTGAGE INC.	•	
	office address: 2901 GRAFTON DRIVE			
3. The mailing ac	ddress (if different): SAME			
4. Date of incorp	oration/qualification: APRIL 18TH, 200	5 Document number: P05000	0058910	_
5. The name and Florida Depart	street address of the current registered agment of State:	gent and registered office on file w	rith the	
	LIZ Y. MIRANDA			
	1953 ESTANCIA (CIRCLE	<u></u>	
	KISSIMMEE, FL. 3	34741		
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered of	• 🖘 🕳	}
	LIZ Y. MIRAND	Α	_ Y @ Y 	1
	2901 GRAFTON	N DRIVE	ုံ′∽ က ေ)
·	(P.O. Box NOT acceptable)	•	DRIE DRIE	• •
	KISSIMMEE, FL	34/41	D*	
The street address as changed will	ss of its registered office and the street abe identical.	address of the business office of i	its registered agent,	
Such change wa	s authorized by resolution duly adopted e board, or the corporation has been no	l by its board of directors or by a tified in writing of the change.	n officer so	
Chu (fundada e of an officer or director)	LIZ Y. MIRANDA PRESID	DENT	
I hereby accept if further agree to of my duties, and document is being corporation has	the appointment as registered agent and comply with the provisions of all state of a line of a l	d agree to act in this capacity. utes relative to the proper and co gation of my position as register e registered office address. I here	,	
If signing on bel	nalf of an entity:		4	
LIZ	Y. MIRANDA			
(T)	yped 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 * * *

CR2E045 (8/05)