

P05000073621

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (813) 632-7882
Fax Number : (305) 402-3141

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
GMAC FINANCIAL LENDING GROUP, INC.

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\$ 43.75

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H05000263019
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: GMAC FINANCIAL LENDING GROUP, INC.
2. The principal office address: 2950 W. Cypress Creek Rd Ste. 105
FT. LAUDERDALE, FL 33309
3. The mailing address (if different): 2950 W. Cypress Creek Rd
FT. LAUDERDALE, FL 33309
4. Date of incorporation/qualification: 5/19/05 Document number: P05000073621
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HARVEL MOISE
1345 NORTH EAST 202ND STREET
MIAMI, FL 33179

6. The name and street address of the new registered agent (if changed) and (or registered office (if changed):

Wilgemps St. Jean
2950 W. Cypress Creek Rd Ste. 105
(P.O. Box NOT acceptable)
FT. LAUDERDALE, FL 33309

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.

X [Signature]
(Signature of officer or director)

Wilgemps St. Jean
(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.

X [Signature]
(Signature of Registered Agent)

11/11/05
(Date)

If signing on behalf of an entity:

Wilgemps St Jean
(Typed or Printed Name)

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

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

H05000263019
Florida Incorporators, Inc. 8875 Hidden River Pkwy Ste. 300, Tampa FL 33637 (813) 632-7882

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