

PO5000104058

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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DIVISION OF CORPORATIONS

PO5000104058

REGISTERED AGENT CHANGE

GLOBE MORTGAGE NETWORK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

93.75

Susie EK 2256

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Change

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

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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.

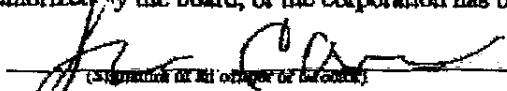
1. The name of the corporation: Globe Mortgage Network, Inc.
2. The principal office address: 595 South Federal Highway, Suite 210, Boca Raton, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/25/05 Document number: PD5000104058
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Joseph Careccia
500 SE Mizner Blvd., #A-105
Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Joseph Careccia
595 South Federal Highway, Suite 210
(P.O. Box NOT acceptable)
Boca Raton, FL 33432

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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.



Joseph Careccia

(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.



09/27/05

(Date)

If signing on behalf of an entity:

Joseph Careccia

(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

CR2E045 (8/05)

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