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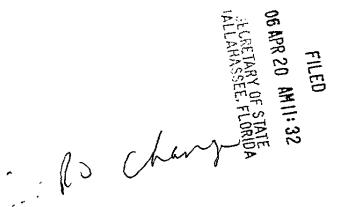
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COVER LETTER

Division of Corporations Name of Corporation) P05000163234 DOCUMENT NUMBER: 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: SHAWN K. OLINICK
(Name of Contact Person) SCHTH FICE IDA MORTGAGE + FINANCE, CORP. 500 NORTH EAST SPANISH RIVER BLVD, # 10-B BOCA RATION, FL 33431
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (561) 3381011 (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.

Malling 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

TO:

Amendment Section

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

Putsuant 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.
1. The name of the corporation: South Figure Roals & Montroace + Finance, Core,
2. The principal office address: 500 NORTH EAST SPANISH RIVER BLVD, # 10-B
BOCA RATON, FL 33431
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/15/2005 Document number: POSOQ163254
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SHAWN K. CLINICK
9078 NW 53RD ST
CORAL SPRINGS FL 33067
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SHAWN K. OLINICK SE 32
500 NORTH EAST SPANISH RNER BIND, 410-B
BOCA RATON, FL 33431
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.
* SHAWN OLINICE - PRESIDENT
(Signific of an officer of dector) 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.
(Signature of Registered Agent) (Date)
(Signifure of Registered Agent) If signing on behalf of an entity:
entre de la companya del companya de la companya del companya de la companya de
(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 * * *