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ALLAHASSEE, FLORIDA

The rot

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 1st CHOICE MORTGAGE & ESCROW, CORF 2. The principal office address: 13255 SW 137 Ave # 104 Miami FL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 01-09-06 Document number: P060000 4556
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Luis Mir
13255 SW 137 Ave # 104
Miami FC 33186 500 9
6. The name and street address of the new registered agent (if changed) and /or registered officer. Ruby Gonzalez 13255 5W137 Ave # 104 FFS (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable) Mari FL 33186
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.
Buby Gonzale VP Ruby GONZALEZ (Signature of an officer or director) (Right Gonzale)
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.
Gigrafure of Registered Aggrid If signing on behalf of an entity:
1st CHOICE MORTGAGE & ESCROW, CORP. (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

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