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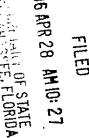
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RO Change

T. Roberts MAY 0 3 2006



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: ABC AOME LENDING INCORPONATED
(Name of Corporation)

DOCUMENT NUMBER: PO6000 45394

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:

CRISTOBAL ORTE BA
(Name of Contact Person)

ABC HOME LENDING INCORPONATED
(Firm/Company)

6412 N. INIVERSITY DR SUITE 128

(Address)

TAMBER C. FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTOBAL ORTE BA
(Name of Contact Person)

at (954) 721-7477
(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing 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

## 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 FLOQ. ( )
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ABC HOME LENDING INCORTOR HTED
2. The principal office address: 6412 N. VNIVERSITY DR SUTE 128
TAMARAC, PLONUSA 33321
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-29-200 Document number: P06000045394
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Cristobal Ortega  830 NW 115TH AVE
PLANTATION, PL 33325  S. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Cristobal Ortega
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Cristobal Ortegal  6412 N. VNIVEAS 174 DR  SUITE 128
(P.O. Box NOT acceptable)
TAMARAC, PL 3332)
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.
(Signature of an officer or director)  CNISTOBNIZ ON TEGA / PARSIDENT  (Printed or typed name and title)
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  iocument 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.
4-25-06
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
C11570312 ONTE64
(Typed or Printed Name)

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