## P010000069113

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ac                                     | ldress)            |             |  |
| (Ac                                     | ldress)            | •           |  |
| (Ci                                     | ty/State/Zip/Phon  | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | ısiness Entity Naı | me)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificate:     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |

Office Use Only



000104806480

06/26/07--01040--012 \*\*35.00

DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
7007 JUN 26 PM 12: 09

Ps 6/25/07

## **COVER LETTER**

| TO: Amendment Section Division of Corporations           |  |
|--|--|
| SUBJECT: Crown Point Mortgage Inc                        | ornoration)  |
| (Name of Co  | orporation)  |
| DOCUMENT NUMBER: P06000069113                            |  |
| The enclosed Statement of Change of Registered Office    | e/Agent and fee are submitted for filing.                  |
| Please return all correspondence concerning this matter  | to the following:  |
| Reynaldo   | Escobar  |
| (Name of Cor   | ntact Person)  |
| Crown Point N  | Mortgage Inc   |
| Crown Point N (Firm/Co                                   | ompany)  |
|  |  |
| 4744 Varsi   |  |
| (Add   | ress)  |
| Lehigh Acres   | . FL 339 <b>7</b> 1  |
| (City/State an   |  |
| For further information concerning this matter, please c | all:   |
| Reynaldo Escobar   | at ( 239 ) 839-3793 (Area Code & Daytime Telephone Number) |
| (Name of Contact Person)                                 | (Area Code & Daytime Telephone Number)                     |
| Enclosed is a \$35.00 check made payable to the Depart   | ment of State.   |
| Mailing Adduses  | Stungt Address   |
| Mailing Address: Amendment Section                       | Street Address: Amendment Section                          |
| Division of Corporations                                 | Division of Corporations                                   |
| P.O. Box 6327  | Clifton Building   |
| Tallahassee, FL 32314                                    | 2661 Executive Center Circle                               |
|  | Tallahassee, FL 32301                                      |

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

| statement of cha                                  | nge is submitted for a corporation   | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.  |                            |                    |
|---|--|--|----------------------------|--------------------|
| 1. The name of                                    | the corporation: Crown Point Mo  | rtgage Inc   |                            |                    |
|   | office address: 4744 Varsity Circ  |  |                            |                    |
|   | Lehigh Acres, F  | FL 33971   |                            |                    |
| 3. The mailing a                                  | ddress (if different):   |  | -                          |                    |
| 4. Date of incorp                                 | poration/qualification: 05/16/200  | 6 Document number: P06000069113  |                            |                    |
|   | I street address of the current regist tment of State:   | ered agent and registered office on file with the  |                            |                    |
|   | Crown Point Mortgage Ir  | nc   |                            |                    |
|   | Reynaldo Escobar (Reg  | gistered Agent)  |                            |                    |
|   | 904 Lee Blvd Suite 111,  | Lehigh Acres, FL 33971   |                            | _                  |
| 6. The name and (if changed):                     | I street address of the new registere  | ed agent (if changed) and /or registered office  | 2007 JUN 26                | DIVISION OF CONTON |
|   | Crown Point Mortgage   | Inc  | 26                         | 7 60               |
|   | Reynaldo Escobar (Reg  |  | PH 12:                     |                    |
|   | 4744 Varsity Circle, Lef   | •  | . 09                       | 1.01               |
| The street address changed will                   | ess of its registered office and the be identical.   | street address of the business office of its registered a  |                            | •                  |
| Such change was authorized by                     | as authorized by resolution duly a<br>board, or the corporation has b  | dopted by its board of directors or by an officer so een notified in writing of the change.  |                            |                    |
| (Signate  | are of an officer or director)   | Reynaldo Escobar President (Printed or typed name and title)   |                            |                    |
| I further agree of my duties, and document is bei | the appointment as registered ag<br>to comply with the provisions of a<br>d I am familiar with and accept to<br>ng filed merely to reflect a chang<br>s been notified in writing of this c | eent and agree to act in this capacity.<br>All statutes relative to the proper and complete perform<br>he obligation of my position as registered agent. Or,<br>e in the registered office address, I hereby confirm the<br>hange. | nance<br>if this<br>it the |                    |
|   | <b>7</b>   | 06/22/2007   |                            |                    |
|   | gnature of Registered Agent)   | (Date)   |                            |                    |
| If signing on be                                  | half of an entity:   |  |                            |                    |
| (   | 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 \* \* \*