## P06000101342

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Estile Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEL AND FILED

RA. Charge

C. Coulliates APR 1 6 2007

## **COVER LETTER**

Division of Corporat	ions	
subject: Sai	wgrass Lending (Name of Co	Solutions, Inc.
DOCUMENT NUMBER:_	P0600010134a	
The enclosed Statement of C	hange of Registered Office	Agent and fee are submitted for filing.
Please return all corresponde	nce concerning this matter	to the following:
	Joseph Vald (Name of Con	e Z Itact Person)
	Sawgrass Lendin (Firm/Co)	ng Solutions, Inc.
	14452 Bruce B	6. Downs Blud. Stelll
	Tampa /Florid	ia / 33613
	(Onyrotate and	a Zip Code)
For further information conc		
Joseph Vald	. Z	at (813 ) 830 - 7572 (Area Code & Daytime Telephone Number)
(Name of Co	ntact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check n	nade payable to the Departr	ment of State.
Divi P.O.	ling Address: endment Section ision of Corporations Box 6327 ahassee, 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 provisi statement of change is in order to ch	submitted for	a corporation	n organized	under the law	s of the State o	of	his 	-	
1. The name of the cor	poration:	tions, Inc							
2. The principal office		14452	Bruce	B. Down	s Blud.	Ste 111			
3. The mailing address	(if different):		···						_
4. Date of incorporatio	n/qualification	n: <u>Aug , 2,</u>	2006	_ Document n	umber: Pou	0001013	<u>42</u>		_
5. The name and street Florida Department  6. The name and street (if changed):  ———————————————————————————————————	address of the of State:	Spiege 1840 Miar e new register Joseph Va 52 Bru (P.O. Box NOT)	stered agent  SW2  Ni, F/.  red agent (it  dde z  ce B. I  acceptable)	and registered the value of the	office on file	office	SECRETARY OF STATE TALLAHASSEE, FLORIDA	07 APR 13 AH 8: 37	ה ני
(Signature of an I hereby accept the ap I further agree to come of my duties, and I am document is being file corporation has been (Signature of Signature of Signing on behalf of Signing on behalf of Signature of Signing on behalf of Signature of Signing on behalf of Signing on behalf of Signature of Signing on behalf of Signing on Signing on Signing of Signing on Signin	its registered entical.  norized by result, or the corporation of director of director of director with the infamiliar will and merely to result in the infamiliar will be a merely to result in the infa	office and the solution duly poration has a registered a provisions of the hand accept the flect a changing of this	e street add adopted by been notifie	rits board of ced in writing of the din writing of the din writing of the din writing of the din of my possegistered office.	siness office directors or by of the change.  EPH D. V	ALDEZ and title)  complete per tered agent, ereby confin	so	_	
	•	* * * FIL	ING 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)