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COVER LETTER

TO: Amen Divisi	dment Section ion of Corporations	
SUBJECT: <u>/</u>	Argencor Mortgage Inc (Name of C	orporation)
DOCUMENT	ГNUMBER: P06000128056	
	Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Sandra Aguero	
•	(Name of Co	ntact Person)
	Argencor Mortgage Inc	
	(Firm/Co	ompany)
	11911 US Hwy 1 suite 201	
	(Add	ress)
	Juno Beach, Fl 33408	
	(City/State at	nd Zip Code)
For further int	formation concerning this matter, please of	eall:
Sandra Ague	(Name of Contact Person)	at (_561) 386-4978 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Depart	ment 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

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organic	ized under the laws of the State of <u></u>	lorida		
	er to change its registered office or registe	rea agent, or both, in the State of Fi	oriaa.		
	The name of the corporation: Argencor Mortgage Inc The principal office address: 11911 US Hwy 1 suite 201, Juno Beach, FI 33408				
2. The principal	Torrice audiess.				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 10/06/06	Document number: P0600012	28056		
	d street address of the current registered agritment of State:	gent and registered office on file with	n the		
	11885 Birch Street Palm Beach	Gardens, Fl 33410			
			O TAL		
6. The name and (if changed):		t (if changed) and /or registered offic	FILI 7 JUN -8 CRETARY C CAHASSEE		
			PE ST		
	11911 US Hwy 1 suite 201 (P.O. Box NOT acceptable)		l: 3.		
	Juno Beach, Fl 33408	*	ယ		
	ess of its registered office and the street I be identical.				
Such change wauthorized by t	ras authorized by resolution duly adopted he board or the corporation has been no	by its board of directors or by an diffied in writing of the change.	officer so		
(Signal	ture of an officer or director)	(Printed or typed pame and to	106LO		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent an to comply with the provisions of all stat nd I am familiar with and accept the obl ing filed merely to reflect a change in th is been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and com igation of my position as registered e registered office address, I hereb	plete performance lagent. Or, if this y confirm that the		
· (\$	ignature of Registered Agent)	(Date)			
If signing on be	ehalf of an entity:				
	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
CR2E045 (8/05)