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. (City/State/Zip/Phone #) PICK-UP WAIT MAIL	06/29/0901017019 **35.00
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Mortgages 24-7 Inc dba Quality Doc Services Name of Corporation
DOCUMENT NUMBER: <u>G07183900291</u> P0700035 8
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:
PAMELA F BRUNER Name of Contact Person
MORTGAGES 24-7 INC dba Quality Doc Services
Firm/Company
new - 4670 Links Village Drive Suite B-104 Address
Ponce Inlet, FI 32127
City/State and Zip Code
Pam Bruner@cfl.rr.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamela F. Bruner at (386) 323-7860
Name of Contact Person at (386) 323-7860 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
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	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Mortgages 24-7 Inc(Corrected office address)	
2. The principal	Ponce Inlet, Florida 32127	
2 771		
5. The maning a	address (if different): Same	
4. Date of incorp	rporation/qualification: 07-02-2007 Document number: P0100035	8
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	PAMELA F. BRUNER	
	1104-G Beville Road	1.
	Daytona Beach, FI 32114	india ereq
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	1
	Pamela F. Bruner	
	4670 Links Village Drive Suite B -104	
	P.O. Box NOT acceptable	
	Ponce Inlet, FI 32127	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was authorized by the	he board, or the corporation has been notified in writing of the change.	
Signatur	Pamela F. Bruner, President Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Hamel	gnature of Registered Agent 6/25/09 Date	
If signing on be	ehalf of an entity:	
Pamela T	F Bruner Typed or Printed Name	

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