

P07000082840

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DIVISION OF CORPORATIONS
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L.A. Chorge
C.COULLETTE

SEP 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOAN RESOURCE PARTNERS, INC.
Name of Corporation

DOCUMENT NUMBER: P07000082840

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:

TAMARA E. HERRERA
Name of Contact Person

LOAN RESOURCE PARTNERS, INC.
Firm/Company

545 CLERMONT COURT
Address

WESTON, FL 33326
City/State and Zip Code

TAMMY @ BORROWER FRIENDLY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA E. HERRERA at (954) 817-5169
Name of Contact Person 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOAN RESOURCE PARTNERS, INC.
2. The principal office address: 1500 WESTON RD, SUITE 200
WESTON FL 33326
3. The mailing address (if different): 545 CLERMONT CT.
WESTON FL 33326
4. Date of incorporation/qualification: 7/23/2007 Document number: P07000082840
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TAMARA E. HERRERA
1245 JASMINE CIRCLE
WESTON, FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TAMARA E. HERRERA
545 CLERMONT COURT
WESTON FL 33326

P.O. Box NOT acceptable

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.

Herrera
Signature of an officer or director

TAMARA E. HERRERA - PRESIDENT
Printed or typed name and title

I 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 document 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.

Herrera
Signature of Registered Agent

8/31/10
Date

If signing on behalf of an entity:

TAMARA E. HERRERA
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)

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DIVISION OF CORPORATIONS
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