

PO8000071017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

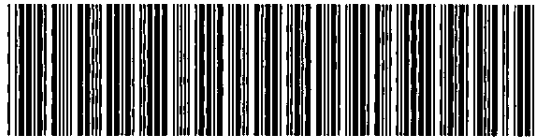
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500137241615

10/27/08--01028--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -5 PM 3:52

R.A. Chong
C.COULLETTE

NOV 05 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Loan Modification Network, Inc. +

DOCUMENT NUMBER: P08000071017 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank A. Luceri, Esq.
(Name of Contact Person)

Loan Modification Network, Inc.
(Firm/ Company)

4400 North Federal Highway, Suite 110
(Address)

Boca Raton, Florida 33431
(City/ State and Zip Code)

For further information concerning this matter, please call:

Frank Luceri at (561) 450-8600
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|---|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2008

FRANK A. LUCERI
LOAN MODIFICATION NETWORK INC.
4400 NORTH FED. HWY., STE 110
BOCA RATON, FL 33431

SUBJECT: LOAN MODIFICATION NETWORK INC.
Ref. Number: P08000071017

We have received your document for LOAN MODIFICATION NETWORK INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must file an amendment pursuant to the Florida statutes 607.1006. You may also file a change of registered agent form if you are only changing the registered agent. Please select the correct form from www.sunbiz.org and resubmit this filing with a copy of my letter to my attention.

Please see enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 308A00055453

RECEIVED
2008 NOV -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loan Modification Network, Inc.
(Name of Corporation) +

DOCUMENT NUMBER: P08000071017

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:

Frank A. Luceri, Esq.
(Name of Contact Person)

Loan Modification Network, Inc.
(Firm/Company)

4400 N. Federal Highway, Ste 110
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Luceri at (561) 450-8600
(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 Modification Network, Inc.
2. The principal office address: 4400 N. Federal Highway, Ste 110, Boca Raton, Florida 33431
3. The mailing address (if different): same
4. Date of incorporation/qualification: 07/28/08 Document number: P09000071017
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)

Spiegel & Utrera, P.A.

1840 SW 22nd Street, 4th Floor

Miami, FL 33145

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

Frank A. Luceri, P.A.

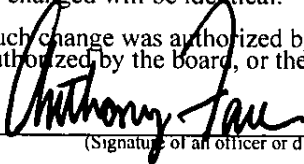
4400 N. Federal Highway, Ste 110

(P.O. Box NOT acceptable)

Boca Raton, Florida, 33431

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.

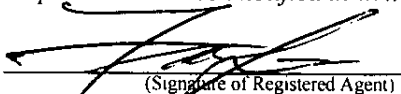


(Signature of an officer or director)

Anthony Fareri, President and Director

(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.



(Signature of Registered Agent)

November 1, 2008

(Date)

If signing on behalf of an entity:

Frank A. Luceri, Esq., Pres. and Director

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -5 PM 3:52