P95000030848

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LECARIARY OF STATE
ALLANDARSEF, FLORIDA

T. Roberts DEC 0 5 2000

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: + & Mortgage Corp.
2. The principal office address: 907 W. Hillsborough Ave. Tampa FL 33603
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: April 10, 1995 Document number: P95000030848
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Patrick R. Smith
306 & Tyler St. FL2 Big
Tampa FL 33602 = ==================================
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
- Donald Narrouger 需要
901 W. Hillsborough Ave P
Tampa, FL 33603
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.
Usignature of an officer or director Donath and title) Donath Junib Errog En
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) (Date)
If signing on behalf of an entity:
ar arBurrr D. and an area and account.
(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)