194000040951

| questor's Name) | | | |
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| Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SELVANASSEE, FLORIDA

COVER LETTER '

| TO: Amendment Section Division of Corporations | .● , | | | |
|---|--|--|--|--|
| SUBJECT: REPUBLIC MORTGAGE FUI | NDING, INC. | | | |
| | or corporation, | | | |
| DOCUMENT NUMBER: P96000040951 | | | | |
| The enclosed Statement of Change of Registered (| Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this n | natter to the following: | | | |
| OLGA M. PADRON | | | | |
| (Name of Contact Person) | | | | |
| · | · | | | |
| PERIOD IC MORTGAGE | SIMPING INC | | | |
| REPUBLIC MORTGAGE F | m/Company) | | | |
| (· · | ··· | | | |
| 7850 N.W. 146TH STREET #513 | | | | |
| (Address) | | | | |
| | | | | |
| MIAMI LAKES, FL 33016 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, ple | ase call | | | |
| to talino monaton concerning and manor, pro | | | | |
| OLGA M. PADRON | at (305) 558-1932 | | | |
| (Name of Contact Person) | at (305) 558-1932 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the D | epartment of State. | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | | |
| Division of Corporation | | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahaccae FI 32314 | 2661 Evecutive Center Circle | | | |

Tallahassee, FL 32301

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

| Pursuant to the provisions of sections statement of change is submitted for its region of the property sections. | r a corporation organizea | | LORIDA |
|--|---|--|---|
| The name of the corporation: RE | 2 0 | • | oriuu. |
| | | • | |
| 2. The principal office address: 785 | | #513 | |
| MI | AMI LAKES, FL 33016 | | |
| 3. The mailing address (if different) | SAME AS ABOVE | | |
| 4. Date of incorporation/qualification | on: MAY 1, 1996 | Document number: P960000 | 40951 |
| 5. The name and street address of the Florida Department of State: | ne current registered agent | t and registered office on file with | n the |
| OLGA M. PAD | RON | | |
| 1535 N. PARK | (DRIVE #103 | | d. 0 |
| WESTON, FL | 33326 | | OS HAY |
| 6. The name and street address of the (if changed): | ne new registered agent (if | f changed) and /or registered offic | cess 22 |
| 7850 N.W. 14 | 6TH STREET #513 | | E.F.C.S. |
| MIAMI LAKES | , FLORIDA 33016 | |) |
| | (P.O. Box NOT acceptable) | | P |
| The street address of its registered as changed will be identical. | | | |
| Such change was authorized by reauthorized by the board, or the co | rporation has been notification | ed in writing of the change. | officer so |
| (Signature of an officer or director | | OLGA M. PADRON / PRESID (Printed or typed name and ti | |
| I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in v | s registered agent and a provisions of all statutes th and accept the obligat reflect a change in the re witing of this change. | gree to act in this capacity s relative to the proper and com tion of my position as registered egistered office address, I hereb | plete performance I agent. Or, if this y confirm that the |
| al n/ | <u> </u> | 05/11/2006 | |
| (Signature of Registered Age If signing on behalf of an entity: | ont) | (Date) | |
| ir signing on ocuan or an citity. | | | |
| (Typed or Printed Name) | | | |

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