P96000056866

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CT Corporation System

Requestor's Name
660 East Jefferson Street

Address

Tallahassee, FT 32301 (850)222-1092
City State Zip Phone

**CORPORATION(S) NAME** 

700003016467--0 -10/18/99--01052--006 \*\*\*\*\*35.00 \*\*\*\*\*35.00

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() Profit () NonProfit	( ) Amendment	() Merger
() Foreign	( ) Dissolution/Withdrawal	() Mark
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation	() Other UCC Filing Change of R.A.
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CR2E031 (1-89)

W.P. Verifier

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

Pursuant to the provisions of sections 607.050 he undersigned corporation organized under the ubmits the following statement in order to challe the State of Florida.	ne laws of the State of name its registered office	Florida ce or registered		
. The name of the corporation is: America	m Mortgage Capita	il, like		-
				<b>-</b>
The mailing address of the corporation is:	1700 N.W. 66tl		Suite 102	-
	Plantation, FI			
. Date of incorporation/qualification:July_	1, 1996 <b>Docu</b>	ment number:_	P96000056866	
. The name and address of the current registere	ed agent and office:			
Paul Byer			TESS 99	
2915 N. Palı	m Ai <u>re</u> Drive		題るコ	
	ch, FL 33069		388 B FF	
. The name and address of the new registered a		Box Not Acce	ptable) S	
C T Corporation System			12: 39 17ATE	-
120038. Rine Island R	oad		DE O	
Plantation FT. 33324				
he street address of its registered office and the gent, as changed, will be identical.		e business offic	ce of its registered	
Such change was authorized by resolution duly uthorized by the board.  (Signature of an officer, chalman or vice chairman	vadopted by its board	of directors or	by an officer so	
Harold/Glazer, President (Printed or typed name and title)				-
Having been named as registered agent and to corporation, I hereby accept the appointment of further agree to comply with the provisions of performance of my duties, and I am familiar we registered agent.	accept service of pro as registered agent ar of all statutes relative with and accept the ob	cess for the ab id agree to act to the proper a ligation of my p	ove stated in this capacity. nd complete position as	
The state of the s	YAN STANT SECRETARY	10/18	199	
(Signature of Registered Agent)	PACALLA E POLITICIA DE PERONA.	(Date)	<del>- (</del>	
signing on behalf of an entity:				
(Typed or Printed Name)		(Capacity)		
<b>放                                    </b>	G FEE: \$35.00 * * *			
*** FILIN	G ree: 435.00 ** * **			
CR2E045(7/97)  DIVISION OF CORPORATIONS P.G.	D. Box 6327 T	allahassee FL 32	314	

P.O. Box 6327

DIVISION OF CORPORATIONS