

P97000066488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

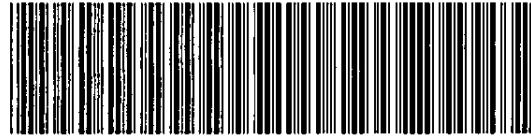
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. CONNELL MAY 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lender's Tax Service Inc.
Name of Corporation

DOCUMENT NUMBER: P97000066488

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:

Thomas W. Olsen III
Name of Contact Person

Firm/Company

11820 SW 62 Place
Address

Miami, FL 33156
City/State and Zip Code

thomasol@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Olsen at (305) 661-7934
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: Lender's Tax Service, Inc.
2. The principal office address: 11820 SW 62 Place, Miami, FL 33156
3. The mailing address (if different): 11820 SW 62 Place, Miami, FL 33156
4. Date of incorporation/qualification: 07/25/1997 Document number: P97000066488
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)

Thomas W. Olsen III

706 S. Dixie Highway, 2nd Floor

Coral Gables, FL 33146

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

Thomas W. Olsen III

11820 SW 62 Place

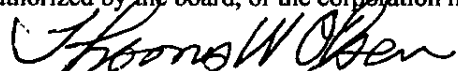
P.O. Box NOT acceptable

Miami, FL 33156

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TALLAHASSEE, FLORIDA

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

Thomas W. Olsen III 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.


Signature of Registered Agent

April 30, 2010
Date

If signing on behalf of an entity:

Thomas W. Olsen III
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)