V34746

(Requestor's Name)
(Address)
(Address)
(City/Ctata/7in/Dhasa #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	orations							
SUBJECT:	South	Bay Le Name of Corpora	nding					
DOCUMENT NUMBE	CR: <u> </u>	34746						
The enclosed Statement	of Change of Reg	istered Office/Ager	at and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
	SARA	Heenan. Name of Contact P	DE 2_ erson					
South Bay Lending Firm/Company								
245 In 28th Road Hiami, Fi								
Miami, FL 33129 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information	concerning this ma	atter, please call:						
SARA	HEENANDE	at (305 379-4111 Area Code & Daytime Telephone Number					
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 Sec Division of Corp.O. Box 6327 Tallahassee, FL	tion porations	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

	rovisions of section age is submitted for						
	ige is suomiliea jor to change its regis						27
1. The name of th	ne corporation:	South	Влу	Lendin	ng Cony	poretio	רעי
2. The principal of	office address:	175	Sw 7	la ST	# 1607		
		Miami,	FL.	33/30	2 4		<u>. </u>
3. The mailing ad	ldress (if different)						
				33129			
4. Date of incorporate	oration/qualificatio	n: May 8,	<i>1992</i> [Document nui	mber: <u><i>V 3</i></u>	4746	
	street address of the ment of State: (If re	esigned, enter re	esigned)		office on file w	ith the	- free
		KESI	GNED		 -		
						_ = = 39	=
) FE
6. The name and (if changed):	street address of th	e new registere	ed agent (if ch	nanged) and /	or registered of	ffice	8-1 A
	SARA	H.	HERNA	nge 2		_ 1019 TEX	= =
	245	SW 28 PO. F F 2 33	m Ro	n d		夏景	=
	1.	P.O. I	Box NOT accepta	able	-		
	Miami	, FL 33	1129			_	
The street address as changed will	ss of its registered be identical.	office and the	street addres	ss of the busi	ness office of	its registered	i agent,
Such change wa authorized by th	s authorized by re board, or the cor	solution duly a poration has b	dopted by it een notified	s board of di in writing of	rectors or by a the change.	n officer so	
	<u> </u>			SHEA	Hennano	EZ/PR	ES/CEO
	e of an officer of director the appointment a o comply with the d I am familiar wi ag filed merely to t been notified in w		ent and agre all statutes re he obligation	rimeu	or typed name and	tille/	
corporation has	been notified in w	riting of this c	hange.				nai me
				e	Date / 1	o	
Sylgr	nature of Registered Age	nt			Date		
If signing on bel	half of an entity:						
			_				
Ту	ped or Printed Name						

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