

P110000 53425

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TALLAHASSEE, FLORIDA

R.A.

FEB 27 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIONAL SHORT SALE RESOLUTIONS INC.  
Name of Corporation

**DOCUMENT NUMBER:** FILING 06-06-2011 TAX ID 45-2470431

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:

MONIQUE BOUCHER

Name of Contact Person

NATIONAL SHORT SALE RESOLUTIONS INC.

Firm/Company

21 HARBOUR ISLE WEST UNIT 302

Address

FORT PIERCE FLORIDA 34949

City/State and Zip Code

boucher.monique@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE BOUCHER

Name of Contact Person

at ( 772 ) 919-8367  
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: NATIONAL SHORT SALE RESOLUTIONS, INC.
2. The principal office address: 2530 SE GOWIN DRIVE PORT ST LUCIE FLORIDA 34952
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JUNE 6, 2011 Document number: P11000053425

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)

MONIQUE BOUCHER  
2530 SE GOWIN DRIVE  
PORT ST LUCIE FLORIDA 34952

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

MONIQUE BOUCHER  
21 HARBOUR ISLE WEST UNIT 302  
P.O. Box NOT acceptable  
FORT PIERCE FLORIDA 34949

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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.

Monique Boucher  
Signature of an officer or director

MONIQUE BOUCHER 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.*

Monique Boucher  
Signature of Registered Agent

2/21/2012  
Date

If signing on behalf of an entity:

MONIQUE J. BOUCHER  
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