

475829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

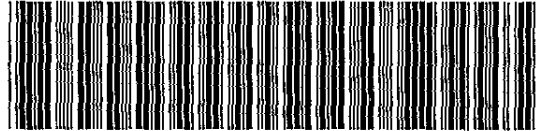
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L A W   O F F I C E S   O F

*Barbara J. Krasnove, P.A.*

2856 University Drive • Coral Springs, Florida 33065

Tel. (954) 227-2277 • Fax (954) 345-6100 • E-mail: barbarajkrasnove@aol.com

February 4, 2003

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Fla. 32314

Re: Branch Mortgage Services, Inc.  
Document No. 475829

Dear Sir or Madam:

I enclose herewith the following:

1. Transmittal Letter
2. Statement of change of Registered Office and Registered Agent
3. Check in the amount of \$35.00.

Please make the necessary corrections to your records.

Thank you for your anticipated cooperation.

Yours truly,

BARBARA J. KRASNOVE, P.A.

  
BARBARA J. KRASNOVE

cc: Client

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Branch Mortgage Services, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** 475829

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:

Barbara J. Krasnove, Esq.  
(Name of person)

Barbara J. Krasnove, P.A.  
(Name of firm/company)

2856 University Drive  
(Address)

Coral Springs, Florida 33065  
(City/state and zip code)

For further information concerning this matter, please call:

Barbara J. Krasnove at ( 954 ) 227-2277  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Branch Mortgage Services, Inc.
2. The principal office address: 7907 SW 3rd Ct. North Lauderdale, Florida 33068
3. The mailing address (if different): PO Box 915 Pompano Beach, Florida 33061-0915

4. Date of incorporation/qualification: 04/28/1975 Document number: 475829

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Glenn S. Koach  
7907 SW 3rd Ct.  
North Lauderdale, Florida 33068

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

Marie Koach  
1850 S. Ocean Blvd. Apt. 105  
(P.O. Box or personal mailbox NOT acceptable)  
Pompano Beach, Florida 33062

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.

Marie Koach  
(Signature of an officer, chairman or vice chairman of the board)

Marie Koach, Director  
(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.*

Marie Koach  
(Signature of Registered Agent)

1-30-03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
**03 FEB -5 AM 10:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**