FOOOOOOSSS Textonal Revision Reserve Incorporated 523 EAST LANCASTER AVE. WAYNE, PA 19087 City/State/Zip Phone

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	0000470 -12/05/01	054200 1 01020005
(Corporation Name)	(Document #) 米米米米 ざっ。	
2		
(Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	-
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Sta	atus
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment ZS	02
☐ Not for Profit Limited Liability	Resignation of R.A., Officer/Direction Change of Registered Agent	
Domestication	Dissolution/Withdrawal	2
☐ Other	☐ Merger	= 1
OTHER FILINGS	REGISTRATION/QUALIFICATION	n C
☐ Annual Report	☐ Foreign	52
☐ Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 11, 2001

THERESA C. O'BRIEN 20244 MELVILLE ST. ORLANDO, FL 32833

SUBJECT: SHERWOOD MORTGAGE GROUP, INC.

Ref. Number: F00000000555

We have received your document for SHERWOOD MORTGAGE GROUP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Corporate Specialist

Letter Number: 001A00065262

OWAN-2 AM 8: 12
DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of			
2. The mailing address of the corporation: One A			
	ster, MA 01606		
3. Date of incorporation/qualification:			
4. The name and address of the current registered agent	safe othice:	-	
Corporate Risk Manag	rement		
1581 Robert J. Cor	lan Blvd.	•	
Palm Bay, FL 3290	5		
5. The name and address of the new registered agent (i (P. O. Box Not A	f changed) and/or registered office (if cha Acceptable)	nged):	
Theresa C. O'Brien			
20244 Melville Street			
Orlando, FL 32833			
The stree address of its registered office and the stree agent, as changed, will be identical.	et address of the business office of its reg	gistered	
Such charge was authorized by resolution duly adopt authorized by the board.	1 1	cer so	
(Signature of an officer, chairman or vice chairman of the box	11-24.01 (Date)		
(Signature of an university of an interest of the obtained of	·>	⁷ %	
(Printed or typed name and title)	<u></u>	<u>_</u>	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered agent and to accept the appointment as registered agent of my duties, and I am familiar with and registered agent.	t service of process for the above stated stered agent and agree to act in this cap attes relative to the proper and comple accept the obligation of my position as	JAN -2 PH 2:	
(Signature of Registered Agent) There sa C. O'Brien	(Date)	製料 25	
If signing on behalf of an antity:		-	
(Typed or Printed Name)	(Capacity)		
* * * FILING FEI	7. \$25 AA * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314