

FD1000005187

(Requestor's Name)

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(City/State/Zip/Phone #)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 23 PM 3:10

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**[QUIK FILINGS, INC.]**

**866-907-9932**

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**EXPEDITED REQUEST**

RE: WESTSTAR MORTGAGE, INC.

Dear Sir/Madam:

Attached hereto is a Statement by a Foreign Corporation for a Change of Registered Agent & Registered Office for your review and filing along with check in the amount of \$35.00 for the filings fee.

**Upon filing, please either email or fax the evidence back to our office, then place the originals in the mail to:**

**Quik Filing, Inc.  
Attn: Natalie Pritchard  
1125 Mitchell Ct  
Crystal Lake, IL 60014**

**Phone: (866)907-9932  
Fax: (847)458-9307**

If you have any questions regarding this, please feel free to call or email me anytime.

Thank you for your time & services!  
Best Regards,



Natalie Pritchard  
[NPritchard@quikfilings.com](mailto:NPritchard@quikfilings.com)  
Phone: (866)907-9932  
Fax: (847) 458-9307

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WESTSTAR MORTGAGE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F01000005187

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:

NATALIE PRITCHARD  
Name of Contact Person

QUIK FILINGS, INC.  
Firm/Company

1125 Mitchell Court  
Address

CRYSTAL LAKE, IL 60014  
City/State and Zip Code

NHELLEM@WESTSTARMORTGAGE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE PRITCHARD at ( 866 ) 907-9932  
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 VIRGINIA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WESTSTAR MORTGAGE, INC.  
2. The principal office address: 3350 COMMISSION COURT  
WOODBIDGE, VA 22192  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10-02-01 Document number: F01000005187

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)

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box: NOT acceptable

Loxahatchee, FL 33470

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

Kathleen M. Zimpel, Pres/Sec/Treas  
\_\_\_\_\_  
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

7/14/10  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

David J. Jackson, AIF for

InCorp Services, Inc.

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)