

FD2000003011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

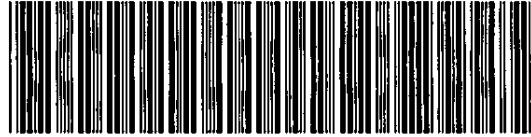
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C. Lewis
7914

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MERRIMACK MORTGAGE COMPANY INC.
Name of Corporation

DOCUMENT NUMBER: F02000003011

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:

JODY MOUA

Name of Contact Person

PARACORP

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95833

City/State and Zip Code

paracorpsac@myparacorp.com

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

For further information concerning this matter, please call:

JODY MOUA

Name of Contact Person

at (888) 272-3725

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

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: September 19, 2014

AE: Jody Moua

TO: Florida Department of State

H1080

REFERENCE: 830806

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**MERRIMACK MORTGAGE COMPANY
INC.**

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please process on routine and return one plain copy.

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	509509	Florida Department of State	\$35

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)
533-7272

**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 MASSACHUSETTS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MERRIMACK MORTGAGE COMPANY INC.
2. The principal office address: 1045 ELM STREET SUITE 601
MANCHESTER, NH 03101
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/12/2002 Document number: F02000003011

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)

FLORIDA COMPLIANCE SPECIALISTS, INC.

2333 HANSEN LANE SUITE 3

TALLAHASSEE, FL 32301

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

Paracorp Incorporated

236 East 6th Avenue

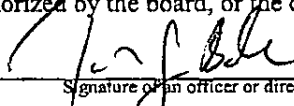
P.O. Box NOT acceptable

Tallahassee, FL 32303

14 SEP 22 PM 2:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

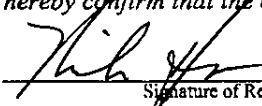
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

T. Boyley EUP.
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

9/19/14
Date

If signing on behalf of an entity:

NINH HO. ASST. SECRETARY
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 (03/12)