-03000000528

	(Requestor's Name)
<u> </u>	(Address)
	Address)
	City/State/Zip/Phone #)
Ţ	☐ WAIT ☐ MAIL
	Business Entity Name)
	Document Number)
Certified (Certificates of Status
Special	Filing Officer:
	Office Use Only



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SLURETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Amendment Section	
Division of Corporations	
CT: American Discount Mita Inc. DE (Name of corporation)	3A American Mortgage Consul
(Name of corporation)	of Morth Fluid
MENT NUMBER: F0 300000528	Inc
losed Statement of Change of Registered Office/Agent and fee	are submitted for filing.
eturn all correspondence concerning this matter to the following	:
	•
Joe Mills (Name of person)	. —
·	
Name of firm/company) Unc. DBA Com	enican Martage Consulta
(Name of firm/company) (of North Florida Inc
	1
7 Bonneval Rd. Stc 330 (Address)	** · · · · · · · · · · · · · · · · · ·
1 11 24 222 6 =	
City/state and zip code)	e e e e e e e e e e e e e e e e e e e
(
er information concerning this matter, please call:	
mills - 320	4148
(Name of person) at (770) 328 (Area code & daytime t	elephone number)
# # # # # # # # # # # # # # # # # # # #	
d is a \$35.00 check made payable to the Department of State.	
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Address: Street Address: ent Section Amendment Section	O3 H
of Corporations Division of Corporations	
6327 409 E. Gaines Street see, FL 32314 Tallahassee, FL 32399	FIL AR 27 AETARY AHASSI
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TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

nt to the provisions of sections 607.0502, $\overrightarrow{617}$.0502, 607.1508, or 617.1508, Florida Statutes,	
tement of change is submitted for a corporation organized under the laws of the State of	
TDA in order to change its registered office or registered agent, or both, in the State	
ida.	
name of the corporation: AMERICAN DISCOUNT MORTGAGE, INC.	_
principal office address: 7077 BONNEVAL ROAD, #330, JACKSONVILLE, FLORIDA 32216	Š
•	
mailing address (if different):	
of incorporation/qualification: FEB. 3, 2003 Document number: F03000000528	_

name and street address of the current registered agent and registered office on file with the day and Department of State:	
TOTAL DOUBLESO	
7077 BONNEVAL ROAD, STE. 330	
JACKSONVILLE, FLORIDA 32216	
name and street address of the new registered agent (if changed) and /or registered office (if	
ged):	
J. HOWARD SHEFFIELD	
4209 BAYMEADOWS ROAD, SUITE 4	
(P.O. Box or personal mailbox NOT acceptable) JACKSONVILLE, FLORIDA 32217	
eet address of its registered office and the street address of the business office of its registered as changed will be identical.	
hange was authorized by resolution duly adopted by its board of directors or by an officer so zed by the board, or the corporation has been notified in writing of the change.	
zed by the board, or the corporation has been notified in writing of the change.	
of an officer, chairman or the board (Printed or typed name and title)	
y accept the appointment as registered agent and agree to act in this capacity. It is agree to comply with the provisions of all statutes relative to the proper and complete nance of my duties, and I am familiar with and accept the obligation of my position as red agent. Or, if this accument is being filed merely to reflect a change in the registered address. Thereby confirm that the corporation has been notified in writing of this change.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(Signature of Registered Agent) (Date)	
g on behalf of an entity: J. HOWARD SHEFFIELD	
(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

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