## F0300003065

(Requestor's Name)				
/Δα	ldress)			
٧٨٠)	idiess)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
00)	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000109628270

10/25/07--01002--006 \*\*35.00

SECRETARY OF STATE TALLAHASSEE: FLORID

RA ORG

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: McLean Financial Mortgage Corporation				
(Name of Corporation)				
DOCUMENT NUMBER:				
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:				
Linda J Dickson, Operations Manager				
(Name of Contact Person)				
· ·				
McLean Financial Mortgage Corporation				
(Firm/Company)				
516 70th Street				
(Address)				
Holmes Beach FL 34217				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Linda J Dickson, Operations Manager at (941) 778-8448  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(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 Comparting				

PECEIVE (2007 OCT 23 AM 8: OCT 23 AM 8: OCT 24 AM 8: OCT

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0302, 617.0302, inge is submitted for a corporation organize r to change its registered office or registere	ed under the laws of the State of Virginia	
1. The name of	the corporation: McLean Financial Mortgag	e Corporation	
2. The principal	office address: 6000 Marina Drive		
<del> </del>	Holmes Beach FL 34217	<b>,</b>	
3. The mailing a	ddress (if different): 516 70th Street		
	Holmes Beach FL 342	217	
4. Date of incorp	poration/qualification: 5/19/2000	Document number:	
	I street address of the current registered age timent of State:	nt and registered office on file with the	
	Compliance Consulting Corporation	<u>n</u>	
	1013 Lucerne Avenue Suite 201		
	Lake Worth, FL 33460	<u> </u>	AFTA
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	07 OCT 25 AM ID: 52 SECRETARY OF STATI
	David A Dickson		: 52 PATE
	516 70th Street		<b>≯</b>
	(P.O. Box NOT acceptable)		
	Holmes Beach FL 34217		
The street address changed will	ess of its registered office and the street as be identical.	ddress of the business office of its regist	tered agent,
Such change was authorized by the	as authorized by resolution duly adopted less board, or the corporation has been noti	by its board of directors or by an officer fied in writing of the change.	: so
Alva	II - Wellson ire of an officer or director)	David A Dickson, President (Printed or typed name and title)	
· -	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the second to the control of this change.		performance t. Or, if this irm that the
- NAVE	A U - WURDSW gnature of Registered Agent)	10/15/2007 (Date)	<del></del>
If signing on be	half of an entity:		
David !	7. DICKSON		

\* \* \* 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)