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(Requestor's Name)

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(City/State/Zip/Phone #)

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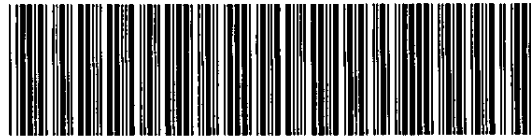
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCLEAN FINANCIAL MORTGAGE CORPORATION
Name of Corporation

DOCUMENT NUMBER: F03000003065

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:

DAVID A DICKSON

Name of Contact Person

MCLEAN FINANCIAL MORTGAGE CORPORATION

Firm/Company

435 12TH ST STE 202

Address

BRADENTON FL 34205

City/State and Zip Code

DADICKSON@USAMFM.COM

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

For further information concerning this matter, please call:

LINDA J DICKSON

Name of Contact Person

at (941) 224-1337

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: MCLEAN FINANCIAL MORTGAGE CORPORATION

2. The principal office address: 435 12TH ST STE 202 BRADENTON FL 34205

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/20/2003 Document number: F03000003065

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)

DAVID A DICKSON

516 70TH STREET

HOLMES BEACH FL 34217

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

DAVID A DICKSON

2993 WILDERNESS BLVD E

P.O. Box NOT acceptable

PARRISH FL 34219

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.

David A. Dickson
Signature of an officer or director

DAVID A DICKSON, PRESIDENT

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.

David A. Dickson
Signature of Registered Agent

11/14/2012
Date

If signing on behalf of an entity:

DAVID A DICKSON
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

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