

F040000001072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

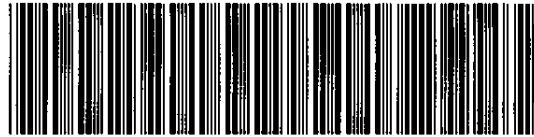
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Change

05/15/09--01022--006 **35.00

FILED
2009 MAY 15 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
5/21/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stellar Mortgage Corporation
Name of Corporation

DOCUMENT NUMBER: F04000001072

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:

H.B. Stivers
Name of Contact Person

Levine & Stivers LLC
Firm/Company

245 East Virginia Street
Address

Tallahassee, FL 32301
City/State and Zip Code

JohnWest@stellar-mortgage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H.B. Stivers at (850) 222-6580
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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Stellar Mortgage Corporation
2. The principal office address: 3455 Peachtree Road NE
Atlanta, GA 30326
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/18/2004 Document number: F04000001072

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)

Michael L. Work

20 Island Avenue, 810

Miami Beach, FL 33139

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

Levine & Stivers LLC

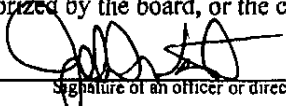
245 East Virginia Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

John D. West, 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.



Signature of Registered Agent

5/12/09

Date

If signing on behalf of an entity:

H.B. Stivers

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)

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