

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

documents@incorp.com

**REGISTERED AGENT CHANGE
BRIDGEVIEW MORTGAGE CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00



3773 Howard Hughes
Parkway · Suite 500
South
Las Vegas, NV 89168-
6014
Tel: 702.866.2500 /
800.2.INCORP
Fax: 702.866.2689
Email:
Kathy.Shin@incorp.com
www.incorp.com



To:

From: InCorp

Subject: Request to change Registered Agent for Bridgeview Mortgage Corp.

Message: Please see attached doc for Bridgeview Mortgage Corp. (#F04000002964), fax cover ref #H160003128563.
Thank you.

Kathy Shin
InCorp Services, Inc.
kathy.shin@incorp.com

Total number of pages including cover page: 4

H140003128563

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridgeview Mortgage Corp.
Name of Corporation

DOCUMENT NUMBER: F04000002964

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:

Kathy Shin
Name of Contact Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Shin on behalf of InCorp Services, Inc. at (800) 246-2677
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

CR2E045 (03/12)

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FILED
16 DEC 21 PM 2:53
TALLAHASSEE, FL
SECRETARY OF STATE

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

1. The name of the corporation: Bridgeview Mortgage Corp.
2. The principal office address: 1200 Hempstead Tpke Franklin Square, NY 11010
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/21/2004 Document number: F04000002984
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)

AGENTS AND CORPORATIONS, INC.

300 Fifth Avenue South - Suite 101-330

Naples, FL 34102

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

Arturo Torres, 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

December 19, 2016

Date

If signing on behalf of an entity:

Kathy Shln on behalf of InCorp Services, Inc.

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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TALLAHASSEE, FLORIDA