

FD40000007096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

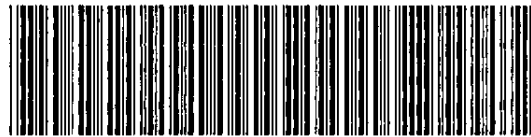
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 8:32

R.A./R.O./chs
@ 3/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Woodside Mortgage Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F04000007096

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:

~~Robert Keller~~ William G. Keller
Name of Contact Person

Woodside Mortgage Services, Inc.
Firm/Company

CHAGRIN
30195 Chagrin Blvd., Suite 112
Address

Pepper Pike, OH 44124
City/State and Zip Code

~~W~~ wke woodsidemortgage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Keller Robert Keller at (216) 591-2202
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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Woodside Mortgage Services, Inc.
2. The principal office address: 30195 CHAGRIN Blvd., SUITE 112
Pepper Pike, OH 44124
3. The mailing address (if different): _____
4. Date of incorporation/qualification: December 2, 2004 Document number: F04000007096

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)

Compliance Consulting Corp. of Florida

1013 Lucerne Ave., Suite 201

Lake Worth, FL 33460

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

Ronald Lovell


2545 S. Ocean Blvd., #212

P.O. Box NOT acceptable

Palm Beach, FL 33480

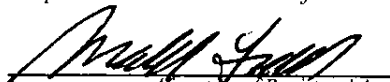
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

William G. Keller CFO
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

3-14-11
Date

If signing on behalf of an entity:

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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