

## Florida Department of State

**Division of Corporations Public Access System** 

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.

(((H08000170181 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BUSINESS FILINGS

Account Number : 105256001620

: (608)827-5300

Fax Number

: (608)827-5501



## REGISTERED AGENT CHANGE

PALOMAR MORTGAGE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

## 110000 11-101-

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the this statement of California	change is submitted for a	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, a corporation organized under the laws of the State of its registered office or registered agent, or both, in the State	
of Florida.		•	
1. The name of t	he corporation: PALOMA	AR MORTGAGE CORP.	
2. The principal office address: 1947 Camino Vida Roble 215, Carlsbad, CA 92008			
3. The mailing address (if different):			
4. Date of incorp	poration/qualification:	8/28/2006 Document number: F06000005621	
5. The name and		rent registered agent and registered office on file with the	
	NRAI SERVICES, IŃC.	P. L.	
	2731 EXECUTIVE PARK	DRIVE, SUITE 4	
	WESTON FL 33331		
6. The name as changed):	nd street address of the r	new registered agent (if changed) and /or registered office	
	1203 Governors Square E	Slvd. Suite 101	
(P.O. Box or personal mailbox NOT acceptable)			
	Tallahassee, FL 32301-29	960	
The street addragent, as chang	ess of its registered office ed will be identical.	e and the street address of the business office of its registered	
Such change w	as authorized by resolution	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.	
, N	1,7	Vince Nowicki, President	
	r, chairman or vice chairman of the b	ozrd) (Printed or typed name and title)	
I hereby accept I further agree performance of registered agen office address,	the appointment as regi to comply with the provi my duties, and I am fam it. Or, if this document is I hereby confirm that the	stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as s being filed merely to reflect a change in the registered c corporation has been notified in writing of this change.	
- Hu	A 1	- Jidos	
lf signing on beha	If of an entity:		
Mark Williams	-	A.V.P.	
•	Typed or Printed Name)	(Capacity)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CURPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

4080001701813