

F10000003986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

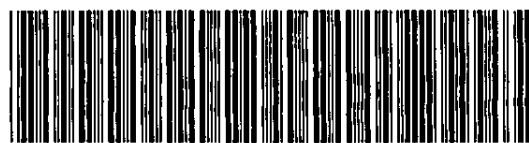
(Business Entity Name)

(Document Number)

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PA Change  
4/3/13  
DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Melton Financial Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F10000003986

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:

Vern Melton

Name of Contact Person

Melton Financial Corporation

Firm/Company

4424 Avalon Boulevard

Address

Milton, FL 32583

City/State and Zip Code

vern@qualitydiscountmotors.com

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

For further information concerning this matter, please call:

Vern Melton

Name of Contact Person

at 850 5300537

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

1. The name of the corporation: Melton Financial Corporation
2. The principal office address: 4424 Avalon Boulevard, Milton, FL 32583
3. The mailing address (if different): 4424 Avalon Boulevard, Milton, FL 32583
4. Date of incorporation/qualification: May 25, 2000 Document number: F1000003986
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)

Vern C Melton

8606 N. Palafox

Pensacola, FL 32534

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

Vern C Melton

4424 Avalon Boulevard

P.O. Box NOT acceptable

Milton, FL 32583

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.

Vern C Melton  
Signature of an officer or director

Vern C Melton

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.*

Vern C Melton  
Signature of Registered Agent

3/22/13

Date

If signing on behalf of an entity:

Vern C Melton

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 (03/12)