Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

JUL 3: 2020

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: (561)694-1639 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE CALATLANTIC MORTGAGE, INC.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized	
statement of change is submitted for a corporation organized in order to change its registered office or registered	
1. The name of the corporation: CALATLANTIC MORTGAC	
The name of the corporation: The principal office address:	200A. SCOTTSDALE, AZ 85255
2. The principal office address:	
3. The mailing address (if different): 700 NW 107TH AVE, S	STE 400, MIAMI, FL 33172
4. Date of incorporation/qualification: 05/31/2011	
The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	at and registered office on file with the
C T CORPORATION SYSTEM	<u> </u>
1200 SOUTH PINE ISLAND ROAD	
PLANTATION, FL 33324	
6. The name and street address of the new registered agent (if changed):	if changed) and /or registered office
Corporate Creations Network Inc.	
801 US Highway I	
P.O. Box NO	OT socceptable
North Palm Beach, Florida 33408	
The street address of its registered office and the street add as changed will be identical.	iress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified	its board of directors or by an officer so ed in writing of the change.
	Danielle Gossman, Attorney-in-Fact
Signature of an obliger or director	Printed or typed name and title
I hereby accept the appointment as registered agent and ag I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligat document is being filed merely to reflect a change in the re corporation has been notified in writing of this change.	gree to act in this capacity. The relative to the proper and complete performance the proper and complete performance the proper and complete performance to the property of this existered office address, I hereby confirm that the
(4)	07/30/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Danielle Gossman, Special Secretary	
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 (04/13)