

FI6000004035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

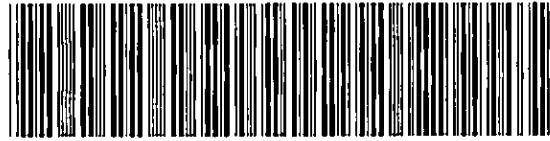
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300307974083

01/19/18--01007--012 \*\*35.00

RECEIVED  
DEPARTMENT OF STATE  
18 JAN 19 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2018 JAN 19 AM 9:53  
JAN 19 2018

RA/RO/ch

JAN 22 2018

ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 1/19/18

☐

**CERTIFIED COPY**

**XX**

**PHOTOCOPY**

☐

**CUS**

**XX**

**FILING**

**RA CHANGE**

**MORTGAGE TOOLBOX INC.**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**ADDITIONAL  
INSTRUCTIONS:**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mortgage Toolbox Inc.

Name of Corporation

**DOCUMENT NUMBER:** F16000004035

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:

Kelly McKown

Name of Contact Person

Corp1, Inc.

Firm/Company

28 Old Rudnick Lane

Address

Dover, DE 19901

City/State and Zip Code

orders@corp1.com

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

For further information concerning this matter, please call:

Kelly McKown

Name of Contact Person

at ( 302 ) 736.3466

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**

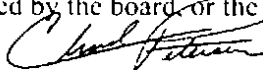
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mortgage Toolbox Inc.
2. The principal office address: 1292 Buffalo Ridge Rd., Castle Pines, CO 80108
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/9/16 Document number: FILED000004035
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)
- URS Agents LLC  
3458 Lakeshore Dr.  
Tallahassee, FL 32312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Corporate Access, Inc.  
236 E 6th Ave  
P.O. Box NOT acceptable  
Tallahassee, FL 32303

FILED  
2019 JAN 19 AM 9:53  
TALLAHASSEE, FL

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.

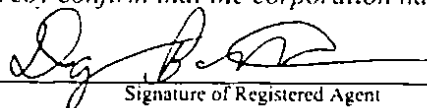


Signature of an officer or director

Chad Petersen 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

1-19-18

Date

If signing on behalf of an entity:

Damy Bennett

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