4/3/2020

Division of Corporations



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.

(((H20000100894 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 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 FORWARD MORTGAGE LENDING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

О	SI	M	M	Ö	N	S,
C)	,) I	, v	14.			

APR () 7 2020

Electronic Filing Menu Corporate Filing Menu

Help

H20000100894 3

COVER LETTER
TO: Amendment Section Division of Corporations
SUBJECT: Forward Mortgage Lending Inc. Name of Corporation
DOCUMENT NUMBER: F18000002368
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:
Name of Contact Person
Name of Contact Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Contact Person at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STATEMENT OF

statement of ch	nange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	NC
1. The name of	f the corporation: Forward Mortgage	Lending Inc.	
2. The principa	al office address: 18067 W CATAWB	A AVE, SUITE 204 CORNELIUS, NC	28031
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 05/17/2018	Document number: F18000	0002368
	nd street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file versigned)	vith the 202
	INCORP SERVICES, INC.		O MA
	17888 67TH COURT NORTH		2020 MAR 3
	LOXAHATCHEE	FL 33470	<u>.</u>
6. The name ar (if changed)	=	d agent (if changed) and /or registered o	All IO: 12
	Corporation Service Company		<u> </u>
	1201 Hays Street		
	P	O Box NOT acceptable	_
	Tallahassee	FL 32301	_ _
The street add as changed wi	ress of its registered office and the s	treet address of the business office of	its registered agent,
Such change wanthorized by	was authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by a en notified in writing of the change.	n officer so
Jason D		Jason Devin	President
	ture of an officer or director	Printed or typed name and	title
Corporation	on Service Company	nt and agree to act in this capacity. I statutes relative to the proper and co e obligation of my position as register in the registered office address, I here ange.	mplete performance ed agent. Or, if this eby confirm that the
By: Africand	egunuie of Registered Agent	4/03/2020	
		Date	
It signing on b	ochalf of an entity:		
	oinson, Asst. Vice President		
	Typed or Printed Name • • • FILIN	G 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)