F19 000003472

(D)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Eocument Number)					
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Sound Home Mortgage Inc	
Name of Corporation	
DOCUMENT NUMBER: F19000003472	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael Flora	
Name of Contact Person	
Sound Home Mortgage Inc	
Firm/Company	
6441 Thorneycroft Drive	
Address	
Shelby Township, MI 48316	
City/State and Zip Code	
michael@soundhomemortgag	ge.com
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Michael Flora	at (586)514-0061 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0 Inge is submitted for a corp					
	r to change its registered o		l agent, or both, in the St	tate of Florida		
1. The name of	the corporation: Sound Horn	ne Mortgage Inc				
2. The principal	office address: 6441 Thorne	ycroft Drive, Shel	by Township, MI 48316			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 7/22	/2019	Document number: F	19000003472		
	I street address of the curre tment of State: (If resigned		t and registered office or	n file with the		
	Kent Flora					
	1010 Audace Avenue, Apt.	101		<u> </u>	2020 HAY 18	
	Boynton Beach, FL 33426	·			AYI	1)
6. The name and (if changed):	i street address of the new r	registered agent (i	f changed) and /or regist	Second of Fig. 1	8 AM 6:	T
	Edwin Flora			¥ 2. ×.	ယွ	
	3233 Debbie Lane				_	
		P.O. Box NO	T acceptable			
	Bonita Springs, FL 34134					
The street address changed will	ess of its registered office a be identical.	and the street add	lress of the business off	ice of its regis	tered a	igent,
Such change wa authorized by the	as authorized by resolution ne board, or the corporation	i duly adopted by n has been notifi	its board of directors o	r by an office age.	r so	
Mich	nel Hora	P	resident			
	re of an officer or director		Printed or typed na			
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as regist to comply with the provision of I am familiar with and a ng filed merely to reflect a s been notified in writing o	ered agent and a ons of all statutes accept the obliga- a change in the re of this change.	gree to act in this capac relative to the proper of ion of my position as re gistered office address,	city. and complete gistered agen I hereby conj	verforn t. Or firm the	nance if this at the
Edwi	n Flore	N	fay 12, 2020			
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Edwin Flora						
7	yped 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