Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H240000310973)))



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Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 : (718)878-5811 Phone

Fax Number

: (718)732-4580

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

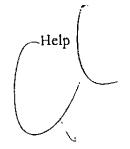
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REGISTERED AGENT CHANGE ABC MORTGAGE CORP.

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Corporate Filing Menu



CR26045 (04/13)

COVER LETTER	H240000310973
TO: Amendment Section Division of Corporations	
SUBJECT: ABC MORTGAGE CORP. Name of Corporation	
DOCUMENT NUMBER: F22000003156	
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:
11000 1010111	20
Mark Fuchs	2024 JAN 26 FI
Name of Contact Person	
File Right RA Services, LLC	26
Pirm/Company	
1425 37th Street, Suite 201	
Address	C: 188
Brooklyn, NY 11218	
City/State and Zip Code	သ
agent@fileacorp.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call:
Sarah Ringel	at (718)878-5811
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H240000310973

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

Language of abone in sub	mitted for a corporation	7.0502, 607,1508, ar 617.1508, Florida Statutes, th 1 organized under the laws of the <u>State of New Yor</u> egistered agent, or both, in the State of Florida.	1is <u>k</u>
1. The name of the corpora	tion: ABC MORTGAGE	CORP.	
2. The principal office add			
	BROOKLYN, NY 1	1205	
3. The mailing address (if	different):		
4. Date of incorporation/0	ualification: <u>5/19/2022</u> [Occument number: F22000003156	
5. The name and street add	tress of the current registe State: (If resigned, enter	ered agent and registered office on file with the	
Busin	ness Piling Incorporated		~)
	1200 South Pine Island Rd, Plantation, PL 33326		2024 JAH 26
120	O South Fale Island Roll	minus in a second	12
			2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ed agent (if changed) and /or registered office	
			` ; *
Fil	e Right RA Services, LLC		84 :3
	5 E Twiggs Street, Ste. 11		- 5
02	S E TWIEES SILEEL, SIC. TE	P.O. Box NOT acceptable	
Υ	ampa, FL 33602		
The street address of its as changed will be ident	registered office and the ical. ized by resolution duly	e street address of the business office of its register adopted by its board of directors or by an officer so been notified in writing of the change.	ed agent,
authorized by the board,	or the corporation has		
/s/ Maishe Zelik		MOISHE ZELIK Printed or typed name and title	
Signature of an offi I hereby accept the apport I further agree to comp- of my duties, and I am I document is being filed corporation has been no	cts of areas of intiment as registered a ly with the provisions of amiliar with and accept merely to reflect a char of ified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete per the obligation of my position as registered agent, the in the registered office address, I hereby confi- change.	erformance Or, if this rm that the
/s/ Mark Fuchs		1/12/2024	
	egistered Agent	Date	
If signing on behalf of	an entity:		
Mark Fuchs	_		
Typed or Pr			
		ING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABL	E TO FLORIDA DEPARTMENT OF STATE TIONS P.O. BOX 6327, TALLAHASSEE, FL 32314	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)