

F220000006542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

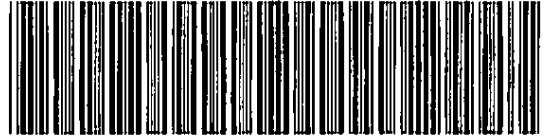
(Business Entity Name)

(Document Number)

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2022 OCT 31 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

g 1/28/2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GOLDEN CITY MORTGAGE CORP

Name of Corporation

DOCUMENT NUMBER: F22000006542

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:

GLEND A PENAHERRERA

Name of Contact Person

GOLDEN CITY MORTGAGE CORP

Firm/Company

4040 W LAWRENCE AVE

Address

CHICAGO IL 60630

City/State and Zip Code

glendap@goldencitymtg.com

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

For further information concerning this matter, please call:

GLEND A PENAHERRERA

Name of Contact Person

at (

773

) 981-1800

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GOLDEN CITY MORTGAGE, CORP.
2. The principal office address: 4040 W LAWRENCE AVE  
CHICAGO IL 60630
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/12/2022 Document number: F22000006542
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)

GLENDIA PENAHERRERA

4644 SADDLE CREEK PL

ORLANDO FL 32829

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EDDIE BERVORICH

4644 SADDLE CREEK PL

P.O. Box NOT acceptable

ORLANDO FL 32829

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

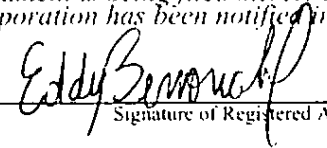
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

GLENDIA PENAHERRERA, 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

10/25/2022

Date

If signing on behalf of an entity:

EDDIE BERVORICH

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)

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