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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:	
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN VIVID MORTGAGES INC.

Certificate of Status	0
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Page Count	04
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## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F23000000756

Signature of New Registered Agent, if changing

<del></del>	(Document number of corporation (if known)	
VIVID MORTGAGES INC.		
(Name of cor	poration as it appears on the records of the Department of State)	
New York	3. 02/07/23	
(Incorporated under la	ws of) (Date authorized to do business in Florida)	
	SECTION II **PLEASE SEE ATTA	CHEC
(4-7 C	COMPLETE ONLY THE APPLICABLE CHANGES) FORM **	
4. If the amendment changes the name of the	corporation, when was the change effected under the laws of its jurisdiction of	
incorporation?		
:	H. H.	
(Name of corporation after the amendmen	t, adding suffix "corporation," "company," or "incorporated," or appropriate abhievial	ion, 'ff
not contained in new name of the corporati	· · · · · · · · · · · · · · · · · · ·	
Thiney name is unavailable in Florida, ente	er alternate corporate name adopted for the purpose of transacting business in Florida	
6. If the amendment changes the period of	of duration, indicate new period of duration.	)
	(New duration)	
	·	
7. If the amendment changes the jurisdic	ction of incorporation, indicate new jurisdiction.	
	•	
-	(New jurisdiction)	
	(, = ),	
S. If amending the registered agent and/or	registered office address in Florida, enter the name of the	
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
MEN Negisteren Office Maarisa.	(City) (Zip Code)	
Name Danis towns County Companies of the	panging Pagistared Agents	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: weed agent.—I am familiar with and accept the obligations of the position.	

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
	_		Remove
	<del> </del>		
	_		CRemove 2023 H
			2023 HAY 19 PH 1: 33
	_		Remove
Attached is a certific of the application to t under the laws of wh	ate or document of similar import, eviden he Department of State, by the Secretary o ich it is incorporated.	ncing the amendment, authentic f State or other official having c	rated not more than 90 days prior to delive ustody of corporate records in the jurisdiction
_	SEKEZI TIMA HO		
	(Sigifature of a director, p a receiver or other court :	resident or other officer - if in a pointed fiduciary, by that fiduciary, by that	ine nands of actary)
	TIKVA HOPE		rsd

FILING FEE \$35.00

## Change Principal / Mailing addresses:

New Principal Address : 21135 Jamaica Ave.

Queens Vlg. NY 11428-1621

New Mailing Address: 21135 Jamaica Ave.

Queens Vlg, NY 11428-1621

