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From: Kimberly Rogers

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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From:

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Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

**\*\*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  
SOUTHEAST MORTGAGE OF GEORGIA, INC.

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J. DENNIS  
01-13-25

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHEAST MORTGAGE OF GEORGIA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F99000006466

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:

STEVE CURLEE

Name of Contact Person

SOUTHEAST MORTGAGE OF GEORGIA, INC.

Firm/Company

3575 KOGER BLVD., STE 400

Address

DULUTH, GA 30096

City/State and Zip Code

steven.curlee@southeastmortgage.com

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

For further information concerning this matter, please call:

JOELLE CHURIK

Name of Contact Person

at ( 800 ) 567-4397

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

1. The name of the corporation: SOUTHEAST MORTGAGE OF GEORGIA, INC.
2. The principal office address: 3575 KROGER BOULEVARD, SUITE 400, DULUTH, GA 30096
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/15/1999 Document number: F99000006466
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)

CORPORATION SERVICES COMPANY

1201 HAYES STREET

TALLAHASSEE, FL 32301

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

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

*Kathy B. Gyselinck*

Signature of an officer or director

Kathy B. Gyselinck, Chief Operating Officer

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.

*Joelle Churik*

Signature of Registered Agent

01/13/2025

Date

If signing on behalf of an entity:

JOELLE CHURIK, ASSIST. SECRETARY

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)

2025 JAN 13 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA