

K85921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

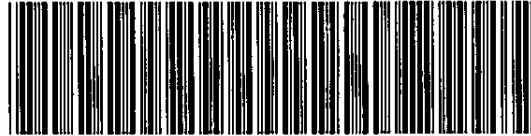
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thomas Mortgage & Financial Services, Inc.
Name of Corporation

DOCUMENT NUMBER: K85921

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:

Peggy A. Thomas

Name of Contact Person

Thomas Mortgage & Financial Services, Inc.

Firm/Company

1180 Spring Centre South Blvd., Suite 340

Address

Altamonte Springs, FL 32714

City/State and Zip Code

p.thomas@thomasmortgage.com

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

For further information concerning this matter, please call:

Peggy A. Thomas

Name of Contact Person

at (407) 788-5100

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Thomas Mortgage & Financial Services, Inc.
2. The principal office address: 1180 Spring Centre South Blvd., Suite 340
Altamonte Springs, FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/1989 Document number: K85921
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)

Peggy A. Thomas

304 Partridge Lane

Longwood, FL 32779

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

Peggy A. Thomas

1180 Spring Centre South Blvd., Suite 340

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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.

Peggy A. Thomas
Signature of an officer or director

Peggy A. Thomas, 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.

Peggy A. Thomas
Signature of Registered Agent

November 12, 2015

Date

If signing on behalf of an entity:

Peggy A. Thomas

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 (03/12)

DIVISION OF CORPORATIONS
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