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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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CITY OF NEW YORK

DEC - 5 2017

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

AMERICAN MORTGAGE LOAN SERVICES, L.L.C.
860 N SR 434
SUITE 1005
ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: AMERICAN MORTGAGE LOAN SERVICES, L.L.C.
Ref. Number: L01000001402

In a recent audit of our records, we have determined that the above named entity has designated itself as Registered Agent.

The purpose of this letter is to advise you a business entity may not serve as its own Registered Agent. We are asking you to designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please complete the enclosed Statement of Registered Office or Registered Agent form for filing at no charge. Return the completed form to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by December 11, 2017.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 417A00020499

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN MORTGAGE LOAN SERVICES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS PAZOS

Name of Person

AMLS, LLC

Firm/Company

617 E COLONIAL DR STE 204

Address

ORLANDO, FL 32803

City/State and Zip Code

CP@AMLSFL.COM

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

For further information concerning this matter, please call:

CARLOS PAZOS

Name of Person

at (407) 331 4700

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AMERICAN MORTGAGE LOAN SERVICES, LLC

2. (a) 617 E COLONIAL DR STE 204

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ORLANDO, FL 32803

(b) SAME

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 1/26/2001
Date of filing/registration in Florida

4. L01000001402
Document number

5. (a) AMERICAN MORTGAGE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

860 N SR 434 STE 1005

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ALTA MONTE SPRINGS, FL 32714

FL

(b) AMLS, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

617 E. COLONIAL DR STE 204

NEW Registered Office Address:

ORLANDO

FL

32803

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CARLOS PALOS

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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17 DEC -6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL