## La2000032709

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL ·
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

OF JUN 19 PH 12: 50

## **COVER LETTER**

Division of Corporations	•
SUBJECT: Tartan Mo. (Name of Limit	ted Livelity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John E. Linds A (Name of Person)	97 07 SE
TArtan Mortgage Gra (Firm/Company)	O7 JUN 19 PH
ZOOY Bayside A	PH 12: 50
Mt. Dora Fl. 3= (City/State and Zip Code)	2 <i>75</i> 7
For further information concerning this matter, p	lease call:
(Name of Person) at (	(352) 636-856/ (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 an	nount:
\$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 608.416 or 608.508, 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.

<ol> <li>The name of the limited liability company is:</li></ol>	tan Mortgage Group HC
2. The mailing address of the limited liability company	vis: 2004 Bayside Ave
$\mathcal{M}_{t}$	t. Dora, Fl. 32757
12/05/2002  3. Date of filing/registration in Florida	L 020000 327.09
3. Date of filing/registration in Florida	4. Document number
6. The name and address of the new registered agent and	SS F1. 32757  And Zip  add/or office:  File  File  File  File  Add/or office:
Name  2004 Bays  Florida street address (P.O. I	Box NOT acceptable)
City, State and	ad Zip
If the limited liability company is not organized under the	

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)

Toku E. Lindsny

(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 608, 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)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00