

121000374586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

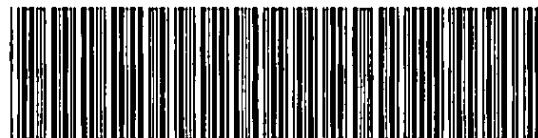
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

APR 19 2022

Office Use Only



400384528154

04/04/22--01006--024 \*\*25.00

FILED  
2022 APR -4 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Mortgages, 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:

Janet P. Steimel

Name of Person

Central Florida Mortgages, LLC

Firm/Company

1509 edenhall pt

Address

lake mary, FL 32746

City/State and Zip Code

Jan. Steimel, gst0@statefarm.com

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

For further information concerning this matter, please call:

Brad Steimel

Name of Person

at ( 407 ) 430-8580

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: Central Florida Mortgages, LLC

2. (a) 1509 edenhall pt.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

lake mary, FL 32746

(b) 705 W. SR-434 STE #C  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

longwood FL 32746

3. 08/20/21  
Date of filing/registration in Florida

4. L21000374586  
Document number

5. (a) Janet C. Steinel  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1509 edenhall pt.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

lake mary, FL 32746  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

FILED  
2022 APR -4 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Janet C. Steinel  
Signature of a member or authorized representative of a member

JANET C. STEINEL  
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.*

Bill Havre Bill Havre - Assistant Secretary  
Signature of Registered Agent