

L21000429126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

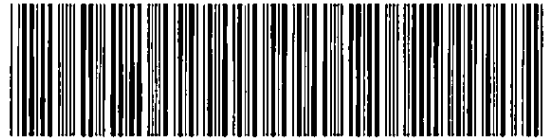
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300398929603

2022 DEC 14 PM 4:00

APPROVED  
AND  
FILED

2022 DEC 14 AM 8:39

RECEIVED  
FEB 14 2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 12/14/2022

Name: Greg Pintacuda

Reference #: 1860832

Entity Name: PILGRIMS MORTGAGE SERVICES LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

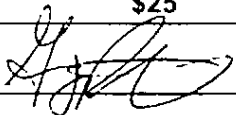
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pilgrims Mortgage 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:

Douglas De Almeida

Name of Person

Pilgrims Mortgage Services LLC

Firm/Company

3744 Briarwood Estates Circle

Address

Saint Cloud, FL 34772

City/State and Zip Code

douglas@pilgrismortgage.com

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

For further information concerning this matter, please call:

Douglas De Almeida

Name of Person

at ( 508 )

345 - 4749

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: Pilgrims Mortgage Services LLC

2. (a) 3744 Briarwood Estates Circle (b) 3744 Briarwood Estates Circle

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SAINT CLOUD, FL 34772

SAINT CLOUD, FL 34772

09/30/2021

L21000429126

3. Date of filing/registration in Florida

4. Document number

5. (a) DE ALMEIDA, DOUGLAS G

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

3744 BRIARWOOD ESTATES CIR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SAINT CLOUD, FL 34772

(b) COGENCY GLOBAL INC.

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

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

APPROVED  
AND  
FILED  
2022 DEC 14 AM 8:39  
TALLAHASSEE, FL  
FILING CLERK

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.

Douglas De Almeida  
Signature of a member or authorized representative of a member

Douglas De Almeida

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.*

Lauren Thorne Assistant Secretary  
Signature of Registered Agent