

MD3000002483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

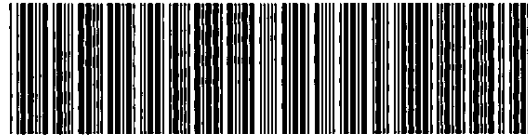
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 AUG 26 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 27 2010

EXAMINER

[QUIK FILINGS, INC.]

866-907-9932

**1125 Mitchell Court
Crystal Lake, IL 60014**

August 18, 2010

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

RE: Alcova Mortgage, LLC

Dear Sir/Madam:

Attached hereto is a statement of Change of Registered Agent and Office by a Foreign Limited Liability Company for your review and filing along with a check in the amount of \$25.00 for the filings fee.

Upon filing, please either email or fax the evidence back to our office, then place the originals in the mail to:

**Quik Filings, Inc.
Attn: Laura Kapsa
1125 Mitchell Court
Crystal Lake, IL 60014**

**Phone: (866)907-9932
Fax: (847)458-9307**

If you have any questions regarding this, please feel free to call or email me anytime.

Thank you for your time & services!

Best Regards,



Laura Kapsa
lkapsa@mtgins.com
Phone: (866) 907-9932
Fax: (847) 458-9307

**FILED
10 AUG 26 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCOVA MORTGAGE 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:

LAURA KAPSA

Name of Person

Quik Filings, Inc.

Firm/Company

1125 MITCHELL COURT

Address

CRYSTAL LAKE, IL 60014

City/State and Zip Code

LKAPSA@MTGINS.COM

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

For further information concerning this matter, please call:

Laura Kapsa

Name of Person

at (866)

907-9932

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

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TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: ALCOVA MORTGAGE LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

07/25/2003

3. Date of filing/registration in Florida

M030000002483

4. Document number

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

Registered Agent:

NRAI SERVICES, INC.

Registered Office Address:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

NEW Registered Agent:

InCorp Services, Inc.

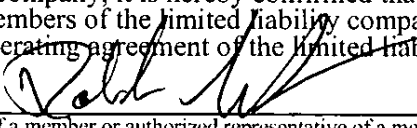
NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee, FL 33470

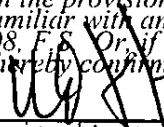
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

ROBERT LINDSTROM, MANAGER

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