

M04000005370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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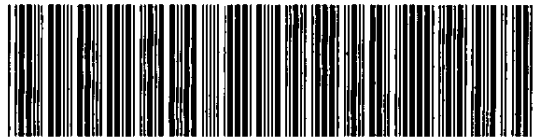
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**G. MCLEOD**

DEC 21 2009

**EXAMINER**



000163752710

12/22/09--01001--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC 18 PM 1:36

KIRKSTON MORTGAGE LENDING, LLC  
501 Cross Pointe Blvd.  
Evansville, IN 47715

December 17, 2009

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

RE: Kirkston Mortgage Lending, LLC

Dear Sir:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Kirkston Mortgage Lending, LLC and a check in the of \$25.00 for the review and filing of said change.

Upon review and filing, please either email or fax the evidence back to my attention. If you have any questions, please do not hesitate to contact me at 812-491-1600.

Regards,

William Johnston  
[licensing@kirkston.com](mailto:licensing@kirkston.com)  
812-402-1700 fax

/encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kirkston Mortgage Lending, 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:

William Johnston  
Name of Person

Kirkston Mortgage Lending, LLC  
Firm/Company

501 Cross Pointe Blvd.  
Address

Evansville, IN 47715  
City/State and Zip Code

wjohnston@kirkston.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Johnston at ( 812 ) 491-1600  
Name of Person 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 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: Kirkston Mortgage Lending, LLC

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



(Note: **MUST BE STREET ADDRESS**)

501 Cross Pointe Blvd.  
Evansville, IN 47715

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

11/29/2004

3. Date of filing/registration in Florida

M04000005370

4. Document number

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

Registered Agent:

Michael G. Hagedorn

Registered Office Address:

300 Miracle Strip Pkwy.  
Unit 1-H  
Fort Walton Beach, FL 32548

(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.

William F. Johnston  
Signature of a member or authorized representative of a member

William F. Johnston

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.*

Denise Mull  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
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