## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000269403 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368 Please retain original filing date of submission

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE PARAMOUNT EQUITY MORTGAGE, LLC

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Corporate Filing Menu

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## COVER LETTER

Division of Corporations	
PARAMOUNT EQUITY MORTGAGE, SUBJECT:	LLC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
••	
Jamila Woods	
Name of Person	
CT Corporation	•
Firm/Company	
3 Winners Circle, Suite 301	
Address	
Albany, NY 12205	
City/State and Zip Code	
licensing@paramountequity.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
21	(
	me of Person
Area Code & Daytime Telephone N	umber
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	2 dilanassoo, 1 toriga 32314
Enclosed is a check for the following amou	unt:
<b>⊠</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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11/13/2015 11:05:58 AM From: To: 8506176383( 2/4 ) 850-617-6381 11/13/2015 10:48:53 AM PAGE 1/001 Fax Server



November 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: PARAMOUNT EQUITY MORTGAGE, LLC

REF: M12000003670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A statement of Change of registered office/agent form was submitted, however the document was blank.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000269403 Letter Number: 515A00023994

RECEIVED

15 NOV 13 AM II: 15
SECRETARY OF STATE
ALLAHASSEE, FLORING

\*RE-SUBIVIT\*
Please retain original filing
date of submission

P.O BOX 6327 - Tallahassee, Florida 32314

Ä.

11/13/2015 11:05:58 AM From: To: 8506176383( 4/4 )

## 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.

. Na	me of the limited liability company:	QUITY MORTG	AGE, LLC
l. (a)_		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8781 SIERRA COLLEGE BLVD.	8781 5	SIERRA COLLEGE BLVD.
	ROSEVILLE, CA 95661	ROSE	VILLE, CA 95661
	06/26/2012	M12000	0003670
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMPANY	·	
	Registered Agent and Registered Office shown on the records of the Registered Office Address  [MUST BE FLORIDA STREET A 1201 HAYS STREET]	·	State:
	TALLAHASSEE , FL	32301-2525	· · · · · · · · · · · · · · · · · · ·
(b)	C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered 6		WASSE
	NEW Registered Office Address:		— FGSI
	1200 South Pine Island Road		
	Plantation, FL_	33324	
e char gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the leges of organization.	s of the State of the registered of bility company, the limited liab imited liability of	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
0'	Maria Sciotti	Maria sciotti	Printed or typed name of signee
herek covisio e obli mere otified T Cou	ore of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  The poration System  The of Registered Agent	ee to act in this c verformance of n for in Chapter ( ereby confirm th	capacity. I further agree to comply with the