

()	Requestor's Name)	)
	Address)	
(/	Address)	
	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Na	me)
(I	Document Number	)
Certified Copies	Certificate	s of Status
Special Instructions t	to Filing Officer:	

Office Use Only



800025895498

01/13/04--01014--011 \*\*70.00

LORETARY OF STATE

721A Cho-1/15/04

## TRANSMITTAL LETTER

Division of Corporations					
even volem. Payahara Martagga Group, Inc.					
SUBJECT: Bayshore Mortgage Group, Inc. (Name of corporation)					
DOCUMENT NUMBER: P00000020008					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
David H. Boom					
David H. Peers (Name of person)					
(*************************************					
Bayshore Mortgage Group, Inc.					
(Name of firm/company)					
12230 Orange Boulevard					
(Address)					
West Palm Beach, Florida 33412					
(City/state and zip code)					
For further information concerning this matter, please call:					
Christina Laurelli at ( 561 ) 793-0246 ext. 32 (Name of person) (Area code & daytime telephone number)					
(Name of person) (Area code at daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:  Street Address:					
Amendment Section  Amendment Section  Division of Corporations					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					
tananasoo, to sest					

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ÁGENT OR BOTH FOR CORPORATIONS

change is submit	provisions of sections 607.0502, 617.0502, 607.1 ted for a corporation organized under the laws o istered office or registered agent, or both, in the i	f the State of Flo		is statement of in order	
	ne corporation: Bayshore Mortgage Group, Inc	-			
	office address: 12230 Orange Boulevard				
~ .	each, Florida 33412				
			<del></del>		
5. The maining as	ldress (if different):				
4. Date of incorp	oration/qualification; 02-21-2000 Do	ocument number:	P00000020008		
5. The name and Florida Depart	street address of the current registered agent and ment of State:	registered office	on file with the		
	David B. Norris				
•	712 U.S. Highway One, S	Suite 400	.,	,	
	7×2 2				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				04 JAN 12 AM 11: 33 SECRETARY OF STATE FALLAHASSEE, FLORIE	
	David H. Peers			SEE	
	12230 Orange Boulevard				
	SAFE 33				
. , .	West Palm Beach, Flori	da 33412		<b>&gt;</b>	
The street addre	ss of its registered office and the street address	of the business o	ffice of its register	ed agent, as	
Such change wa	s authorized by resolution duly adopted by its learn portation has been notified in writing of the				
	gnature or of officer or director)	•	ted or typed name and titl	•	
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree of comply with the provisions of all statutes relations of all statutes relations with and accept the obligation of my lay to reflect a change in the registered office accepting of this change.	to act in this cap ative to the prope position as regist ddress, I hereby c	acity, r and complete per ered agent. Or, if i onfirm that the cor	formance of my this document is poration has	
XX			(Date)		
	Signature of Rigistered Agent)		(Date)		
If signing on bel	nait of an entity:				

\* \* \* FILING FEE: \$35.00 \* \* \*

(Capacity)

(Typed or Printed Name)