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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

RICHARDSON JOSEPH
COMMUNITY HOME MORTGAGE CORPORATION
4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319

SUBJECT: COMMUNITY HOME MORTGAGE CORPORATION
Ref. Number: P00000079921

We have received your document for COMMUNITY HOME MORTGAGE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00005354

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 FEB 26 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY HOME MORTGAGE CORPORATION **+**
(Name of Corporation)

DOCUMENT NUMBER: P00000079921

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:

RICHARDSON JOSEPH
(Name of Contact Person)

COMMUNITY HOME MORTGAGE CORPORATION
(Firm/Company)

4700 N. STATE RD 7 BLDG A STE 112
(Address)

LAUDERDALE LAKES, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARDSON JOSEPH at (954) 667-0610
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMMUNITY HOME MORTGAGE CORPORATION
2. The principal office address: 4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/24/00 Document number: P00000079921

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Richardson Joseph
4193 N. STATE RD 7 10505 Marsh street
LAUDERDALE LAKES, FL 33319 Wellington
FL 33414

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

4700 N. STATE RD 7 BLDG A STE 112
LAUDERDALE LAKES, FL 33319
(P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richardson Joseph RICHARDSON JOSEPH President
(Signature of an officer or director) (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Richardson Joseph 2/9/09
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)