(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
TABLAHASSEE FLORIDI

RA (18/10)

COVER LETTER

TO: Amendment Sec Division of Cor					
SUBJECT:	Access e Mort	gage, INC			
	Name of C	Corporation			
DOCUMENT NUMBI	ER:P00	000086814	·····		
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submit	ted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:			
r		- · · · · · · · · · · · · · · · · · · ·			
	lossico				
	Jessica Simpkiss Name of Contact Person				
	Access e	Mortgage			
		ompany			
	24 Cathedral F	Place Suite 601			
		lress			
	Saint Augusti	ne Fl 32084			
Saint Augustine, FL. 32084 City/State and Zip Code					
- T	jessica@access				
E-m	nail address: (to be used for t	future annual report noni	ication)		
For further information	concerning this matter, please	call:			
laan	ian Cimplian	004	040 0450		
	ica Simpkiss Contact Person	at (904) Area Code & Daytin	810-2152 me Telephone Number		
	•		•		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	<u>Street Address:</u> Amendment Se			
	Mailing Address: Amendment Section				
	Division of Corporations	Division of Co	-		
	P.O. Box 6327	Clifton Buildin			
	Tallahassee FL 32314	2661 Executive	e Center Circle		

Tallahassee, FL 32301

TO:



RECEIVED

10 NOV -3 AM 8: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 21, 2010

JESSICA SIMPKISS ACCESS E-MORTGAGE, INC. 24 CATHEDRAL PLACE - SUITE 601 SAINT AUGUSTINE, FL 32084

SUBJECT: ACCESS E-MORTGAGE, INC.

Ref. Number: P00000086814

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

The document must have original signatures.

Photo copies of signatures are not accetable.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 410A00024932

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

statement of cho	provisions of sections 607,0502, 617,050 ange is submitted for a corporation orga er to change its registered office or regist	nized under the laws of the State	of FL	
	the corporation: Access e Mortga		.,	
	office address: 24 Cathedral Place		e, FL. 32084	
3. The mailing a	address (if different):_same			
4. Date of incor	poration/qualification: 09/11/2000	Document number:	P00000086814	
	d street address of the current registered a rtment of State: (If resigned, enter resigned		á.	
	Keith Richardson		101	
	24 Cathedral Place Suite 612			
	Saint Augustine, FL. 32084		3	
6. The name and (if changed):	d street address of the new registered age Pete Weiland	nt (if changed) and /or registered	10 NOV -3 PM 1:58	
	24 Cathedral Place Suite 601	OT acceptable		
	Saint Augustine, FL. 32084	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The street addre	ess of its registered office and the street be identical.	address of the business office	of its registered agent,	
Such change was authorized by	as authorized by resolution duly adopte the board, or the corporation has been no	ed by its board of directors or by otified in writing of the change.	y an officer so	
λ		Keith Richa		
I hereby accept I further agree of my duties, an document is be	the appointment as registered agent an to comply with the provisions of all stand and I am familiar with and accept the ob- ing filed morely to reflect a change in the speed notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and ligation of my position as regis he registered office address. I h		
	nature of Registered Agent	10/14/20	10	
_	chalf of an entity:	Date		
Ţ	yped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314