PO100073862

(Requestor's Name) (Address)	700141438987
(Address)	·
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/26/0901018022 **35.00
(Document Number)	
Certified Copies Certificates of Status	•
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Capital Consultants Mortgage Corp. (Name of Corporation)	
DOCUMENT NUMBER: P 01 0000 73862	
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:	
And Frankel (Name of Contact Person)	
Capital Consultants Mortgage Corp.	
236 Canal Blvd, Die 4	
Ponte Vedro Beach, FL. 32082 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Adam Frankel at (904) 962-6161 (Area Code & Daytime Telephone Number)	
(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: Capital Consultants Mortgage Corp.
2. The principal office address: 236 Canal Blud. Dh. 4
Ponte Vedra Beach, FL. 32082
3. The mailing address (if different): SQME
0.1.111.0.2.81.0
4. Date of incorporation/qualification: 07/26/01 Document number: P01000073862
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)
Adam Frankel
228 Caral Blud, DE1 Ex 3
Ponte Vedro Beach, FL. 32082 En &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Adam Fraskel
236 Casal Blud Sky
Poste Vedra Beach, FL 32082
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.
Adam Frankel - President (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.
X (Signature of Registered Agent) (Date)
(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)