

PD1000673862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

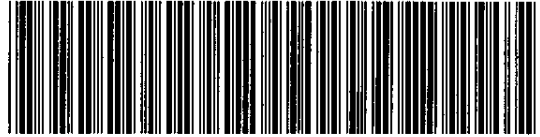
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Capital Consultants Mortgage Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P01000073862

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:

Adam Frankel  
(Name of Contact Person)

Capital Consultants Mortgage Corp.  
(Firm/Company)

236 Canal Blvd., Ste 4  
(Address)

Ponte Vedra Beach, FL. 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Frankel at (904) 962-6161  
(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

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