

PD1000114081

(Requestor's Name)

(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
15 AUG 14 AM 8:39

AUG 17 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KURANDA FINANCIAL MORTGAGE INC.
Name of Corporation

DOCUMENT NUMBER: P01000114081

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:

THOMAS KURANDA
Name of Contact Person

KURANDA FINANCIAL MORTGAGE INC.
Firm/Company

617 W. LANCASTER AVE.
Address

WAYNE, PA 19087
City/State and Zip Code

THOMASKURANDA@KURANDAMORTGAGE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS KURANDA at (610) 975-9940 X200
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: KURANDA FINANCIAL MORTGAGE INC.
2. The principal office address: 617 WEST LANCASTER AVE., WAYNE PA 19087
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/28/2001 Document number: P01000114081
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)

KURANDA, THOMAS A
1500 MISTY PINES CR
202
NAPLES, FL 34105 US

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

PAT D'URSO

2005 TAYLOR RD

P.O. Box NOT acceptable

BRANDON, FL 33510

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.


Signature of an officer or director

THOMAS KURANDA/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.

Patricia D'Urso
Signature of Registered Agent

7/31/15
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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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