## P02000022555

(Re	questor's Name)		_
(Ad	dress)		-
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	-
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	_
(Dod	cument Number)		-
Certified Copies	Certificates	of Status	-
Special Instructions to F	iling Officer:		7

Office Use Only



400023715954

10/22/03--01001--005 \*\*35.00



PA Charge 10/20/03

## TRANSMITTAL LETTER

	Amendment Section Division of Corporations		=-		1
SUBJE	CT: A PINNACLE MORTGA	AGE OF SW FL	ORIDA, INC.	)	:
DOCUN	MENT NUMBER: P02000	0022555	<u> </u>	<u> </u>	i =
The encl	osed Statement of Change	of Registered	Offic <u>e/</u> Agent	and fee are s	ubmitted for filing.
Please re	turn all correspondence co	ncerning this r	natter to the f	following:	
BRENT	RISSLING				:
	(Name of pers	on)		£	<b>∮</b> ***
A PINN	ACLE MORTGAGE OF SW F	LORIDA, INC.			į <del>į</del>
	(Name of firm/con	npany)	<del></del>		ः <b>श्रेष्ट</b> ः !
12734 K	ENWOOD LANE, # 63		7 <del>-</del> 7		: :: ::
	(Address)				<b>↓</b> == 1
FT. MYE	ERS, FL. 33907	e.		<u> </u>	
	(City/state and zip	code)		17	<b>€</b> ~†
For furth	er information concerning	this matter, ple	ease <u>c</u> all:		;
ETTA KO		at (_	239	549-4322	none number)
	(Name of person)		(Area code &	daytime teleph	none number)
Enclosed	l is a \$35.00 check made pa	yable to the D	epartment of	`State.	
Amendm Division P.O. Box	Address: ient Section of Corporations 6327 see, FL 32314	Street Addr Amendment Division of C 409 E. Gaine Tallahassee,	Section Corporations es Street		; ; ; ;



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 14, 2003

BRENT RISSLING A PINNACLE MORTGAGE OF SW FLORIDA, INC. 12734 KENWOOD LANE, #63 FT. MYERS, FL 33907

SUBJECT: A PINNACLE MORTGAGE OF SW FLORIDA, INC. Ref. Number: P02000022555

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 703A00046325

RECEIVED
03 DCT 20 MM 9: 55

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

Pursuant to the	e provisions of sections 60	7.0502, 617.0502,	607.1508, or 617.	1508, Florida Statutes,
this statement of	f change is submitted for a in order to change	•		
of Florida.			_	- † !
1. The name of	the corporation: A PINNAC	CLE MORTGAGE O	F SW FLORIDA, INC	<u>'</u> '(
	office address: 12734 KE			1
z, The principal	Office address		<u> </u>	<u> </u>
<del></del>	<u> </u>		<u> </u>	<u> </u>
3. The mailing	address (if different):		<del></del>	185
			a a state of the	₽,
4. Date of incor	poration/qualification:0	2/27/02	Document numbe	P02000022555
	d street address of the curre	ent registered agent	and registered offic	e on file with the
-	BRENT RISSLING			5
	4134 GULF OF MEXICO	ORIVE, SUITE 302		1 20 T
	LONGBOAT KEY, FL. 342	28 =		上级。
	nd street address of the ne	w registered agent	(if changed) and /	or registered office (if
changed):	BRENT RISSLING			7 7
	12734 KENWOOD LANE, S	SUITE # 63		-
	(P.O. Box o	or personal mailbox NOT ac	cceptable)	· · · · · · · · · · · · · · · · · · ·
	FT. MYERS, FL. 33907			<u> </u>
The street addreagent, as chang	ess of its registered office a	and the street addre	ess of the business	office of its registered
Such change wa authorized-by th	as authorized by resolution to board, or the corporation	n duly adopted by in has been notified	ts board of director in writing of the cl	s or by an officer so hange.
		·	RISSLING, PRESID	
_	, chairman or vice chairman of the boa	and the second s	(Printed or typed name and	•
l further agree performance of registered agen	the appointment as regists to comply with the provision my duties, and I am family t. Or, if this document is I hereby confirm that the c	ons of all statutes in a with and acception being filed merely to orporation has be	relative to the prope t the obligation of t to reflect a change en notified in writin	er and complete ny position as in the registered
	7	_At	JGUST 5, 2003	<u> </u>
	ignature of Registered Agent)	· ·***。	(Date)	· · · · · · · · · · · · · · · · · · ·
if signing on behal	1 of an entity:	<del></del>		
	Typed or Printed Name)		(Capacity)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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