

P030000036832

(Requestor's Name)

Mortgage Doctors
5449 S. Semoran Blvd. Suite 23
Orlando, FL 32822

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

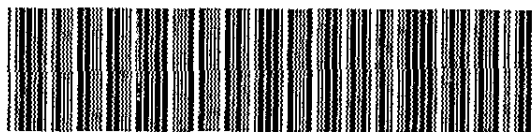
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800036475288

05/17/04--01046--013 **35.00

FILED
04 MAY 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN MAY 21 2004

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: DOCTOR MORTGAGES INC.
2. The principal office address: 5449 S. SEMORAN BLVD #231
ORLANDO FL 32822
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-8-2003 Document number: PO3000036832
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHNNY MATOS
3371 TIMUCUA CIR
ORLANDO FL 32837

FILED
04 MAY 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KEVIN L. BOUDREAUX
5449 S. SEMORAN BLVD #231
(P.O. Box or personal mailbox NOT acceptable)
ORLANDO FL 32822

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]
(Signature of an officer or director)

Kevin Boudreau
(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.

[Signature]
(Signature of Registered Agent)

5/12/04
(Date)

If signing on behalf of an entity:

Kevin Boudreau
(Typed or Printed Name)

(Capacity)

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

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