

P04000063609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

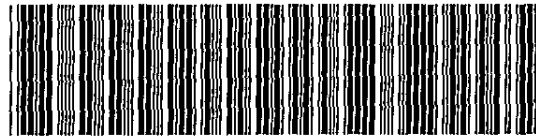
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.6mth APR 18 2005

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. McComas Mortgage, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

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:

Alicia McComas
(Name of contact person)

A. McComas Mortgage, Inc.
(Firm/Company)

937 Hampton Circle
(Address)

Naples FL 34105
(City/state and zip code)

For further information concerning this matter, please call:

Alicia McComas at (739) 450-3690
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 29, 2005

ALICIA MCCOMAS
937 HAMPTON CIR
NAPLES, FL 34105

SUBJECT: A. MCCOMAS MORTGAGE INC.
Ref. Number: P04000063609

We have received your document for A. MCCOMAS MORTGAGE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 805A00021188

RECEIVED
05 APR 18 AM 10:15
DIVISION OF CORPORATIONS

**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: A. McComas Mortgage, Inc.
2. The principal office address: 937 Hampton Circle
Naples, FL 34105
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 2004 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Old
Address

1761 45th St. SW
Naples, FL 34116

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

937 Hampton Circle
(P.O. Box NOT acceptable)
Naples, FL 34105

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.

Alicia McComas
(Signature of an officer or director)

Alicia McComas, 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.

Alicia McComas
(Signature of Registered Agent)

3/16/05
(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