

P04000071752

(Requestor's Name)

(Address)

(Address)

(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



100039420171

07/29/04--01035--023 **35.00

FILED
04 JUL 29 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL 32301

8-2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Florida Mortgage Corp.
(Name of corporation)

DOCUMENT NUMBER: PO40000 71752

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:

Gina Kritikos
(Name of contact person)

~~Russell~~ New Florida Mortgage
(Firm/Company)

62 School ST
(Address)

Glen Cove NY 11542
(City/state and zip code)

For further information concerning this matter, please call:

Gina Kritikos at (516) 676-9252
(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

**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: New Florida Mortgage Corp.
2. The principal office address: 62 School Street
Glen Cove NY 11542
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 5/3/04 Document number: PO4000071752
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gina Kritikos
3227 SE Pinto Street
Port St Lucie FL 34984

FILED
04 JUL 29 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL

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

Mary Ealy
3227 SE Pinto Street
(P.O. Box NOT acceptable)
Port St Lucie FL 34984

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.

Gina Kritikos
(Signature of an officer or director)

Gina Kritikos 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.

Mary Ealy
(Signature of Registered Agent)

7/21/04
(Date)

If signing on behalf of an entity:

Mary Ealy
(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