

PD4000089837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

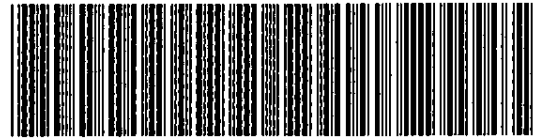
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

RALCH
@ 4.11.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eclipse Semicing, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000089837

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:

Jennifer Kelly
Name of Contact Person

Eclipse Semicing, Inc.
Firm/Company

5010 W. Carmen St.
Address

Tampa, FL 33609
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Kelly at (813) 367-5100 x192
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2012

JENNIFER KELLY
5010 W. CARMEN STREET
THIRD FLOOR
TAMPA, FL 33609 US

SUBJECT: ECLIPSE SERVICING, INC.
Ref. Number: P04000089837

We have received your document for ECLIPSE SERVICING, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 412A00010607

RECEIVED
12 APR 11 AM 8:32
TALLAHASSEE, FLORIDA

www.sunbiz.org

**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: Eclipse Servicing, Inc.
2. The principal office address: 5010 W. Carmen Street, Third Floor
Tampa, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/9/04 Document number: PO4000089837

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)

Amber N. Duncan
5010 W. Carmen St, Third Floor
Tampa, FL 33609

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

Harry Hedaya
5010 W. Carmen Street, Third Floor
Tampa, FL 33609

P.O. Box NOT acceptable

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

Harry Hedaya, 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.

[Signature]
Signature of Registered Agent

3/27/12
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

12 APR 11 PM 1:06
DIVISION OF CORPORATIONS
STATE OF FLORIDA