## 704000125052

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200071749622

04/20/06 U1016 U21 \*\*35.50

O6 MAY 12 PN 2: 26
SECRETARY OF STATE
TALL ATTASSEE FI OBIA



## **COVER LETTER**

Division of Corporations		
SUBJECT: DAKWOOD MORTENGE CORP.  (Name of Corporation)		
DOCUMENT NUMBER: PO 4000 125052		
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:		
(Name of Contact Person)  (Name of Contact Person)		
ONWOOD MORTEAGE COSP. (Firm/Company)		
3000 Northwood Blud (Address)		
Winter Pers, PL 32789 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (407) 599-6749  (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



May 3, 2006

LAURA FRANCIS 3000 NORTHWOOD BLVD WINTER PARK, FL 32789

SUBJECT: OAKWOOD MORTGAGE CORP.

Ref. Number: P04000125052

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

If you are changing the registered agent or agents address you must put the old information in section 5 and the new information in section 6.

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: 406A00031435

## 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 Florish in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): Document number: 4. Date of incorporation/qualification: \_ 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: John Mansilla 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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. 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 of Registered Agen If signing on behalf of an entity: (Typed or Printed Name)

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

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