

P04000154905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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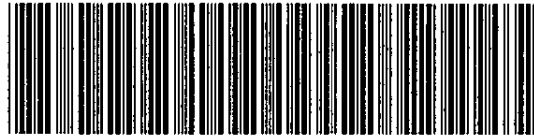
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

10/22/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rialto Mortgage Corp
(Name of Corporation)

DOCUMENT NUMBER: P04000154905

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:

Ronald Lemke
(Name of Contact Person)

Rialto Mortgage Corp
(Firm/Company)

5471 Lee Street, Unit 102
(Address)

Lehigh Acres FL 33971
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Lemke at (239) 303-9938
(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

**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 FL
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rialto Mortgage Corp
2. The principal office address: 5471 Lee Street, Unit 102
Lehigh Acres FL 33971
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/12/04 Document number: P04000154905
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)

Charles T Dardaman

7700 Knightwing Circle

Ft Myers FL 33912

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

Ronald Lemke

20151 Langford rd

(P.O. Box NOT acceptable)

Alva FL 33920

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)

Ronald Lemke, 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)

10/07/2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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TALLAHASSEE, FLORIDA