

PD5000100069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

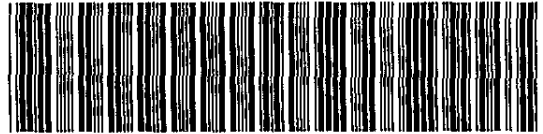
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300066695733

*Recharge
T. Lewis*

02/27/06--01079--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL 32300

06 FEB 27 AM 9:09

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REMAR MORTGAGE INC

(Name of Corporation)

DOCUMENT NUMBER: P05000100069

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:

RENE RIVERA

(Name of Contact Person)

REMAR MORTGAGE INC

(Firm/Company)

8286 BUSINES PARK DR

(Address)

PORT SAINT LUCIE ,FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

RENE RIVERA

(Name of Contact Person)

at (772) 370-1058

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

1. The name of the corporation: REMAR MORTGAGE INC.
2. The principal office address: 8286 BUSINES PARK DR
PORT SAINT LUCIE ,FL 34952
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07/16/2005 Document number: P05000100069
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bene Rivera
416 WILLOWS AVE
PORT SAINT LUCIE ,FL 34952

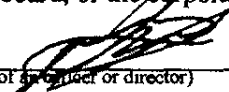
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bene Rivera
8286 BUSINES PARK DR
(P.O. Box NOT acceptable)
PORT SAINT LUCIE ,FL 34952

FILED
06 FEB 27 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of officer or director)

RENE RIVERA, 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 of Registered Agent)

02/22/2006

(Date)

If signing on behalf of an entity:

RENE RIVERA

(Typed or Printed Name)

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