## P00000025129

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to Fill	ing Officer:	
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December 7, 2006

OSCAR MENDEZ 412 SW 14 AVE FT. LAUDERDALE, FL 33312

SUBJECT: GRACE MORTGAGE CORPORATION

Ref. Number: P06000025129

We have received your document for GRACE MORTGAGE CORPORATION and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The document must have original signatures.

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) 245-6916.

Letter Number: 406A00070067

Carol Mustain Document Specialist

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ONCE Morrage Corporation) Composition
DOCUMENT NUMBER: P0600025129
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)  CRACL Sortage Capporarion)  (Firm/Company)
912 Ow 14 AVE (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:    SCM   (2, 1/41)   (1, 7, 1)   954   128   15666
(Name of Contact Person) at (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 ofTolly_T in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GRACL MORTGOGE COMOPOTIO
2. The principal office address: 442 Std
275 CommergiAz Blud Loud by SEA F.
3. The mailing address (if different):
SIME AS ABOVE
4. Date of incorporation/qualification: 2/20/35 Document number: PO 6 0000 25
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Vergic Q. Smith
4100 GAH OCENUBIND # E86
12 Coud 12 3300 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Den 6 New dez 35
4/2 SW / AVE  (P.O. Box NOT acceptable)
FE LOUID FZ 333/2
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.
Best Minde 7 - 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 a 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.
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 Segregaria Agent) (Date)
If signing on behalf of an entity:
Comped or Printed Name)

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