PO 6000042884

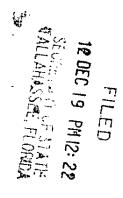
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
	•	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	
Opecial instructions to	Timig Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
P06000042884

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

Landing Mortgage Inc

Firm/Company

PO BOX 771375

Address

Naples FL 34107

City/State and Zip Code

msweet@landingmortgage.com

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

For further information concerning this matter, please call:

Melinda Sweet

Name of Contact Person

at (239) 597-4426

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 Florida		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Landing Mortgage, Inc.		
2. The principal office address: 2146 Stacil Circle		
Naples, FL 34109		
3. The mailing address (if different): PO Box 771375, Naples, FL 34107		
Date of incorporation/qualification: 3/24/2006 Document number: P06000042884		
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)		
Melinda Sweet		
Melinda Sweet 2146 Stacil Circle Naples, FL 34109		
Naples, FL 34109		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Melinda Sweet		
2146 Stacil Circle		
P.O. Box NOT acceptable		
Naples, FL 34109		
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.		
Melinda Sweet, President		
Signature of an officer or director 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 Date		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Melinda Sweet		
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