

PO6000060499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

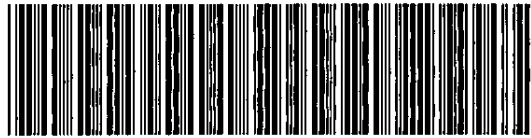
(Business Entity Name)

(Document Number)

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AND  
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07 AUG 23 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Change*

C. Coulllette AUG 23 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brandon Mortgage Corporation, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000060499

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:

Kevin Frankel  
(Name of Contact Person)

Brandon Mortgage Corporation, Inc  
(Firm/Company)

1109 N. Parsons Avenue  
(Address)

Brandon, FL 33510  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Frankel at ( 813 ) 468-7150  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2007

KEVIN FRANKEL  
BRANDON MORTGAGE SOLUTIONS, INC.  
1109 N. PARSONS AVE  
BRANDON, FL 33510

SUBJECT: BRANDON MORTGAGE SOLUTIONS, INC.  
Ref. Number: P06000060499

We have received your document for BRANDON MORTGAGE SOLUTIONS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 707A00048380

RECEIVED

07 AUG 23 AM 8:00

DIVISION OF CORPORATIONS

**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: Brandon Mortgage Corporation, Inc
2. The principal office address: 1109 N. Parsons Avenue, Brandon, FL 33510
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 27, 2006 Document number: P06000060499
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kevin Frankel

764 Caliente Drive

Brandon, FL 33511

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

Kevin Frankel


1109 N. Parsons Avenue

(P.O. Box NOT acceptable)

Brandon, FL 33510

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 an officer or director)

Kevin Frankel

(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)

If signing on behalf of an entity:

\_\_\_\_\_  
(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  
CR2E045 (8/05)

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA