

PD6000064386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

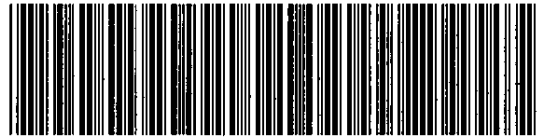
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07/20/09--01069--001 **25.00

08/10/09--01002--014 **10.00

FILED
09 AUG 10 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ruby
8/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1st Continental Mortgage of Coral Gables, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000064386

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:

Doug Blake
Name of Contact Person

1st Continental Mortgage of Coral Gables, Inc.
Firm/Company

1301 E Broadway Blvd #260
Address

Ft Lauderdale FL 33301
City/State and Zip Code

mrgt123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Blake at (954) 327-2934
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

July 27, 2009

DOUG BLAKE
1301 E. BROADWAY BLVD., #260
FT. LAUDERDALE, FL 33301

SUBJECT: 1ST CONTINENTAL MORTGAGE OF CORAL GABLES INC.
Ref. Number: P06000064386

We have received your document for 1ST CONTINENTAL MORTGAGE OF CORAL GABLES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 709A00025697

**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: 1st Continental Mortgage of Coral Gables, Inc.
2. The principal office address: 6191 Orange Drive 6169-J
Davie, FL 33314
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/2006 Document number: P06000064386

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)

6191 Orange Drive 6169-J

Davie, FL 33314

Douglas Blake

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09 AUG 10 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1301 E Broward Blvd #260

Fort Lauderdale, FL 33301

P.O. Box NOT acceptable

Douglas Blake

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

Doug Blake
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

7/10/19
Date

If signing on behalf of an entity:

Douglas Blake
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)