P00000120881

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SECRETARY OF STATE DIVISION OF CORPORATIONS

B-7/1407

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Smith & Associates Mortgage, Inc.	pration)
DOCUMENT NUMBER: P06000120881	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
Neal A. Sivyer, Esq. (Name of Contact	t Person)
Sivyer Barlow & Watson, P.A. (Firm/Compa	any)
401 East Jackson Street, Suite 222 (Address)	
Tampa, FL 33602 (City/State and Z	in Code)
For further information concerning this matter, please call:	• •
Neal A. Sivyer, Esq. a (Name of Contact Person)	t (813) 221-4242 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departmen	nt 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

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Smith & Associates Mortgage, Inc.
2. The principal offi Tampa, FL 336	ice address: 3801 West Bay to Bay Blvd.
3. The mailing addr	ress (if different): Same
4. Date of incorpora	ation/qualification: 9/20/06 Document number: P06000120881
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file with the ent of State:
Ne	eal A. Sivyer, Esq.
10	00 S. Ashley Drive, Suite 2150
Ta	ampa, FL 33602
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office leal A. Sivyer, Esq. O1 East Jackson Street, Suite 2225 (P.O. Box NOT acceptable) ampa, FL 33602 of its registered office and the street address of the business office of its registered agent,
N	leal A. Sivyer, Esq.
40	101 East Jackson Street, Suite 2225 (P.O. Box NOT acceptable)
т	(P.O. Box NOT acceptable) ampa, FL 33602
The street address as changed will be	identical.
Such change was a authorized by the l	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Signature of	Bobert P. Glosen Prosidant CEO (Printed or typed name and title)
	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the eep polified in writing of this change.
If signing on behal	ure of Registered Agent) (Date) If of an entity:
(Type	ed or Printed Name)

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