

P14000 045628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

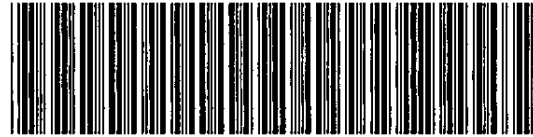
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 P 2:23

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MAR 21 2016
T. LEMIEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLATINUM MORTGAGE SOLUTIONS INC
Name of Corporation

DOCUMENT NUMBER: P14000045628

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:

SHARON COX, ESQ

Name of Contact Person

SHARON ANN COX, P.A.

Firm/Company

8070 NW 96 TERRACE, #101

Address

TAMARAC, FL 33321

City/State and Zip Code

SHARONCOX@SACOXLAW.COM

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

For further information concerning this matter, please call:

SHARON COX

Name of Contact Person

at (561) 235-2113

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 CONNECTICUT in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PLATINUM MORTGAGE SOLUTIONS INC
2. The principal office address: 50 CHRISTIAN STREET
WALLINGFORD, CT 06492
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/21/2014 Document number: P14000045628
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)

JOANNE M. JOHANSEN

50 CHRISTIAN STREET

WALLINGFORD, FL 06492

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

SHARON ANN COX, P.A

8070 NW 96 TERRACE, STE 101

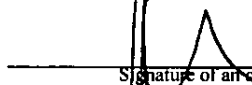
P.O. Box NOT acceptable

TAMARAC, FL 33321

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TALLAHASSEE, FLORIDA

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

JOANNE JOHANSEN

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

MARCH 13, 2017

Date

If signing on behalf of an entity:

SHARON ANN COX, ATTORNEY

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 (03/12)