

P16 0000 836 62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

July 5

Office Use Only



000408008800

05/03/23--01019--014 **70.00

2023-05-03 10:01

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIBERTY MORTGAGE LENDING GROUP INC
Name of Corporation

DOCUMENT NUMBER: P16000083662

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:

LAURA RAY

Name of Contact Person

LIBERTY MORTGAGE LENDING GROUP INC

Firm/Company

123 EAST NORTH SHORE AV

Address

N FT MYERS, FL 33917

City/State and Zip Code

LAURA@LIBERTYMORTGAGELOANS.COM

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

For further information concerning this matter, please call:

LAURA RAY

Name of Contact Person

at (239) 265-4247

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2008 JUN -5 PM 10:01

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

1. The name of the corporation: LIBERTY MORTGAGE LENDING GROUP INC
2. The principal office address: 123 EAST NORTH SHORE AV. N FT MYERS. FL 33917
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/14/2016 Document number: P16000083662
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)
- DEBRA KAPPEL-HERNANDEZ
- 13180 N CLEVELAND AV. SUITE 105
- N FT MYERS FL 33903

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

LAURA RAY

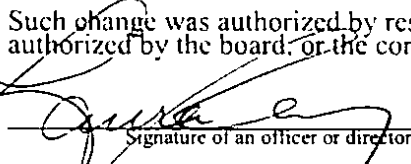
123 EAST NORTH SHORE AV

P.O. Box NOT acceptable

NORTH FORT MYERS. FL 33917

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

LAURA RAY, VP/SECRETARY

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

04/27/2023

Date

If signing on behalf of an entity:

LAURA RAY, VP/SECRETARY

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 (04/13)