P17000049524

(Re	equestor's Name)		
(Ad	(dress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
	cument Number)		
(50	odinent i vamber,		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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SEGRETARY OF STATE

JU Idonlas

COVER LETTER

Division of Corporations			
SUBJECT: Kendall Mortgage Corporation			
Name of Corporation			
DOCUMENT NUMBER: P17000049524			
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
John W Kendall			
Name of Contact Person			
Kendall Mortgage Corporation			
Firm/Company			
1600 W Eau Gallie Blvd Suite 205-A			
Address			
Melbourne, FL 32935			
City/State and Zip Code			
jkendall.kmc@gmail.com			
E-mail address: (to be used for future annual repo	ort notification)		
·			
For further information concerning this matter, please	call:		
John W Kendali	at (321)698-4053		
Name of Contact Person	at (321)698-4053 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa			
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati nge is submitted for a corporation organized under the laws of the State of Flori	ida	
	r to change its registered office or registered agent, or both, in the State of Flori	da.	
	he corporation: Kendall Mortgage Corporation	.	
2. The principal Melbourne, FL 3	office address: 1600 W Eau Gallie Blvd Suite 205-A 32935		
	ddress (if different):		
4. Date of incorp	poration/qualification: 06/05/2017 Document number: P1700004952	:4	
	street address of the current registered agent and registered office on file with the them to f State: (If resigned, enter resigned)	ne	
	John W Kendall	,,	2
1600 W Eau Gallie Blvd Suite 205-J			020 AUG 21
	Melbourne, FL 32935	AH. AH.	62
6. The name and (if changed):	Melbourne, FL 32935 street address of the new registered agent (if changed) and /or registered office	ASSEE,	골
	John W Kendall		1: 05
	1600 W Eau Gallie Blvd Suite 205-A		
	P.O. Box NOT acceptable		
	Melbourne, FL 32935		
	ss of its registered office and the street address of the business office of its rebe identical.		agent,
Such change wa authorized by the	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so	
	John W. Kendall, President		
	e of an officer or director Printed or typed name and title		
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered ag ng filed merely to reflect a change in the registered office address, I hereby co been notified in writing of this change.	te perfoi gent. Or onfirm ti	rmance if this hat the
	S/19/20 Tature of Registered Agent Date		
(12	half of an entity:		
John W. Kendall			
Ту	ped 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)