

P18000 073 160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

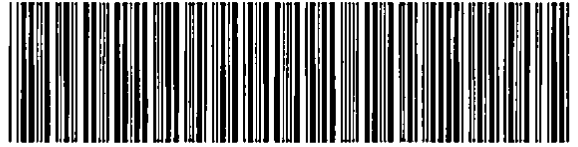
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOUTHERN DISTRICT OF FLORIDA
FALLS BURGESS, FLORIDA

AUG 05 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Mortgage Works Incorporated

Name of Corporation

DOCUMENT NUMBER: P18000073160

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:

Richard P Oakley

Name of Contact Person

The Mortgage Works Incorporated

Firm/Company

5502 NW Chapel Court

Address

Port St Lucie, FL 34986

City/State and Zip Code

r.oakley@etmwi.com

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

For further information concerning this matter, please call:

Richard P Oakley

Name of Contact Person

at (720) 936-7223

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

1. The name of the corporation: The Mortgage Works Incorporated
2. The principal office address: 5502 NW Chapel Court
Port St Lucie, FL 34986
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/27/2018 Document number: P18000073160

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)

GRIFFITH, ROY L, JR
5484 NW CARLA COURT
PORT ST LUCIE, FL 34986

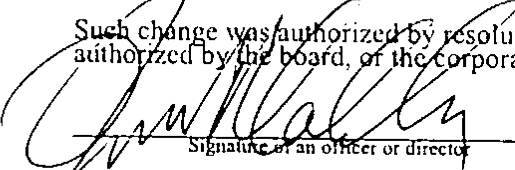
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard P Oakley
5502 NW Chapel Court
Port St Lucie, FL 34986

P.O. Box NOT acceptable

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

Richard P Oakley, President

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

7/17/2019

Date

If signing on behalf of an entity:

Richard P Oakley

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)

FILED
19 JUL 26 AM 11:01
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA