P21 400008127

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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Kelly Hagar Mortgages Inc Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P21000008127	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Kelly Hagar	
Name of Contact Person	
Kelly Hagar Mortgages Inc	
Firm/Company	
9850 Alternate A1A #510	
Address	
Palm Beach Gardens Fl 33410	
City/State and Zip Code	
kelly.hagar.cb61@statefare	m.com
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matte	r. please call:
Kelly Hagar	at (561)627-7660 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	he Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of <mark>Flori</mark> or registered agent, or both, in the State of Flori	ida
1. The name of	the corporation: Kelly Hagar Mor	rtgages Inc	
2. The principa	office address: 9850 Alternate A1	A #510 Palm Beach Gardens Fl 33410	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 1/18/2021	Document number: <u>p2100000812</u>	:7
	nd street address of the current regortment of State: (If resigned, enter	gistered agent and registered office on file with the resigned)	he
	Kelly V Hagar		
	2346 Flamingo Rd		
	Palm Beach Gardens FI 33410		
6. The name ar (if changed)		ered agent (if changed) and /or registered office	
	Steven Hagar		
	224 S Old Dixie Hwy		
	I : F122450	P.O. Box NOT acceptable	
	Jupiter Fl 33458		
The street add as changed wi	ress of its registered office and the identical.	ne street address of the business office of its re	gistered agent.
Such change v	vas authorized by resolution duly	adopted by its board of directors or by an office been notified in writing of the change.	icer so 22
1/10/1	1 11/2-	Kelly V Hagar President	:.)
Signa	the of an office or director	Printed or typed name and title	
I further agree of my duties, a document is be	of the appointment as registered as to comply with the provisions of and I am familiar with and accepting filed merely to reflect a chars been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and comple I the obligation of my position as registered ag nge in the registered office address, I hereby c change.	ete performance gent. iOr, if this onfirm that the
Swall	Hegur	03/04/2021	
7 6 S	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Steven Hagar		<u> </u>	
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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