P12000042762

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: THE MORTGAGE GEEKS INC				
Name of Corporation				
DOCUMENT NUMBER: P22000042762				
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Sydney Grice Name of Contact Person				
Anderson Business Advisors Firm/Company	· · · · · · · · · · · · · · · · · · ·			
3225 McLeod Dr Address				
Las Vegas, NV 89121 City/State and Zip Code	<u> </u>			
ra@andersonadvisors.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sydney Grice Name of Contact Person	at (<u>800</u>) <u>706-4741</u> 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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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 Statestatement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered office or registered agent, or both in the State of Floring in order to change its registered of Floring in o	rida	is
The name of the corporation: THE MORTGAGE GEEKS INC	таа.	
2. The principal office address: 1853 SW 23RD Street, Miami, Florida 33145		
3. The mailing address (if different):		
4. Date of incorporation/qualification: <u>5/20/2022</u> Document number: <u>P2200004</u>	42762	
5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned)	he	
GALEZ, ARGENIS S		
1853 SW 23RD ST	1.1	202
MIAMI, FL 33145	*	2022 AUG
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed);	maske febris	622 PH
Anderson Registered Agents, Inc.	([wg].	4 3: 04
625 F. Twiggs Street, Suite 110 P.O. Box NOT acceptable	***	t.
Tampa, FL 33602		
The street address of its registered office and the street address of the business office of its reas changed will be identical.	-	I agent
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change. Argenis S Galez Description of Galez on the corporation has been notified in writing of the change.	cer so	
Argenis S Galez Pox Crack Topon's Scalez, o. ov Pox of the Conference of the Confe		
Signature of an officer or director 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 comple of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby co corporation has been notified in writing of this change.	te perfo ent. Oi onfirm i	rmane r, if thi. that the
A. T. Mathis One of the state o		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
A. T. Mathis, President		
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)