

P24000054237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RO Ra
chg.

Office Use Only



700439822097

11/19/24--01030--004 **35.00

2024 NOV 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ML

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASCARENHAS MORTGAGE ADVISOR INC
Name of Corporation

DOCUMENT NUMBER: P24000054237

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:

Sigourney Mascarenhas

Name of Contact Person

Firm/Company

2614 Hoffman DR

Address

Orlando, FL 32837

City/State and Zip Code

dwmas102@gmail.com

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

For further information concerning this matter, please call:

Danny Mascarenhas

Name of Contact Person

at (321) 662-4737

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

2024 NOV 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

1. The name of the corporation: _____
2. The principal office address: _____

3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

Danny Mascarenhas

2614 Hoffman Dr

Orlando, FL 32837

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

Sigourney Mascarenhas

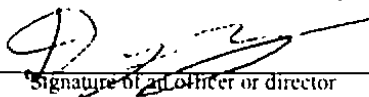
2614 Hoffman DR

P.O. Box NOT acceptable

Orlando, FL 32837

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 authorized by the board, or the corporation has been notified in writing of the change.

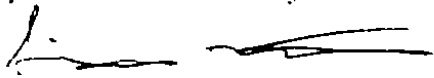


Signature of an Officer or director

Danny Mascarenhas CEO

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

11/15/2024

Date

If signing on behalf of an entity:

Sigourney Mascarenhas

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)

2024 NOV 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED