| DOCUMENT # 1. Entity Name | P94000056 | | FILED May 06, 2000 8:00 an Secretary of State |
|---|--|---|---|
| THE MORTGAGE | HOME, INC. | | 05-06-2000 90075 001 ***150.00 |
| | | | 05-06-2000 90075 002 *****8.75 |
| Principal Place of Business 1414 MAIN STREET Suite 4 | Mailing Address 1414 MAIN Suite 4 | Street | 12462 |
| ChipLey, FC. 32428 | 3 ChipLey, FL | . 32428 | |
| 2. Principal Place of Business 1414 MAIN Street | | STREET | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| Chipley, FL. | ChipLey, F | -7. | 4. FEI Number Applied For Not Applicable |
| Zip Country USA | 32428 | Country USA | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | of Current Registered Agent | Name | 7. Name and Address of New Registered Agent |
| Sidney V. Re 1414 MAIN STR | oche, Jr. | • | Sidney J: Koche Jr. |
| | eet | 14/ | dress (P.O-Box Number is Not Acceptable) MAIN STREET |
| Suite 4 | | Sui | te 4 |
| ChipLey, FL. 32 | 428 | City | iDLey FL 322928 |
| 8. The above named entity submits this s | tatement for the purpose of changing its | registered office or | registered agent, or both, in the State of Florida. |
| | La a Just | 1.116 | idney J. Roche, JR.) 4/23/00 |
| SIGNATURE Signature, typed or printed name of re | gistered agent and title it applicable (NOTI | E: Registered Agent signatur | e required when reinstaling) DATE |
| 9. This corporation is eligible to satisfy its Tax filing requirement and elects to do (See criteria on back) | AND SECURITION OF THE PROPERTY | III FEE IS \$150.0 00 Fee will be \$5 ble to Department | 50.00 Trust Fund Contribution. |
| 11. OFFIC | CERS AND DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE DPST NAME SIGNEY J. STREET ADDRESS 1414 MAIN | Roche, JR: Street, Suite 4 32428 | TITLE NAME STREET ADDRESS | DPST Sidney J. Roche, JA. Change Addition & Sidney J. Roche, JA. Chipley, Fl. 32428 |
| | | CITY-ST-ZIP | Chipley, Fl. 32428 |
| NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition ☐ |
| CITY-ST-ZIP TITLE | Delete | CITY-ST-ZIP | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-SI-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addilion } |
| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| indicated on this report or supplement of the corporation or the receiver or the | tal report is true and accurate and that n | r the exemption state ny signature shall ha as required by Chap | id in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director ster 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Rocke, Jn.) 4/23/00 850/638-3434 |