

PROD 7847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

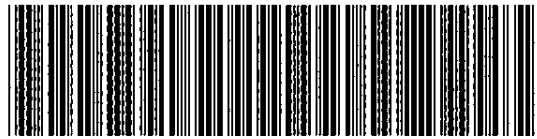
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 10 PM 1:55

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mortgage Processing Center, Inc. DBA MPC, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000078478

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:

Mary P. Saumell
Name of Contact Person

Mortgage Processing Center, Inc. DBA MPC, Inc.
Firm/Company

P.O. Box 9239
Address

Tavernier, FL 33070
City/State and Zip Code

gompc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary P. Saumell at (305) 852-0229
Name of Contact Person 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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mortgage Processing Center, Inc.
2. The principal office address: 88511 Overseas Highway, Unit 8, Tavernier, FI 33070
3. The mailing address (if different): P.O. Box 9239, Tavernier, Florida 33070
4. Date of incorporation/qualification: 09/19/1996 Document number: P96000078478
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)

Mary P. Saumell

114 Pelican Road

Tavernier, FI 33070

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

Mary P. Saumell

88511 Overseas Highway Unit 8

P.O. Box NOT acceptable

Tavernier, FI 33070

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TALLAHASSEE, FLORIDA

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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.

Mary P. Saumell
Signature of an officer or director

Mary P. Saumell
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.*

Mary P. Saumell
Signature of Registered Agent

02/01/2010
Date

If signing on behalf of an entity:

Mary P. Saumell
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 (8/05)