P970039716

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Theory

MAY 17 2017

R. Westell

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Forrest Trust Mortgage Corp

Name of Corporation

DOCUMENT NUMBER, P97000039716

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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:

Otto Jorge

Name of Contact Person

Forrest Trust Mortgage Corp

Firm/Company

10691 N. Kendall Dr. STE 209

Address

Miami, FL. 33176

City/State and Zip Code

otto@forresttrust.com

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

For further information concerning this matter, please call:

Otto Jorge

.,786

326.4686

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

statement of change is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Forrest Trus	it Mortgage Corp.	
2. The principal office address: 10691 N. Ke	dall Dr., STE 209, Miami, FL. 33176	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 05-05/1	997 Document number: P97000039716	
5. The name and street address of the current regis Florida Department of State: (If resigned, enter		
Otto Jorge		
9981 SW 41 ST		
Miami, FL. 33165		
6. The name and street address of the new register (if changed): Otto Jorge	red agent (if changed) and /or registered office	
10691 N. Kendall Dr., S	STE 209	
P.O. F Miami, FL. 33176	Box NOT acceptable	
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,	
Such change was authorized by resolution duly a authorized by the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
Obe from :		
Significe of an officer or director I hereby accept the appointment as registered ag I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been not	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.	
Ola	05/08/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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