P97000050302

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
-			

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000137158420

10/27/08--01016--021 **35.00



PA-Change 11/3/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All-Florida Mortgage Centers, Inc.			
DOCUMENT NU	мвек: <u>Р97000050302</u>	2	
The enclosed Artic	egistered Agent Charles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		REY E PERDUE	
	(Name o	of Contact Person)	
	(Fir	m/ Company)	
 -		SouthShore Drive (Address)	
		O FLORIDA 32839	
For further information	City/ Si ation concerning this matter,	tate and Zip Code) please call:	
Jeffrey E. Perdu	e of Contact Person)	at (407) 816-38	363
•	•	nade payable to the Florida Do	•
□\$35 Filing Fec	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 riling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center of 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, I statement of change is submitted for a corporation organized under the laws of the S in order to change its registered office or registered agent, or both, in the S	itate of FL
The name of the corporation: All-Florida Mortgage Centers, Inc.	
2. The principal office address: 4500 SouthShore Drive	
ORLANDO FLORIDA 32839	
3. The mailing address (if different): 4500 SouthShore Drive ORLANDO FLORIDA 32839	
	P97000050302
 The name and street address of the current registered agent and registered office or Florida Department of State: (If resigned, enter resigned) 	n file with the
JEFFREY E PERDUE	
4500 SouthShore Drive	
ORLANDO FLORIDA 32839	
6. The name and street address of the new registered agent (if changed) and /or regist (if changed):	
HUGO DE BEAUBIEN, ATTORNEY	AM 10: 4.0
332 NORTH MAGNOLIA AVE (PO Box NOT acceptable)	
Orlando FL 32801	
The street address of its registered office and the street address of the business off as changed will be identical.	ice of its registered agent,
Such change was arphorized by resolution duly adopted by its board of directors cauthorized by the board, or the corporation has been notified in writing of the cha	or by an officer so nge.
Jeffrex E	Resolve (Fres)
I hereby accept the appointment as registered agent and agree to act in this capace I further agree to comply with the provisions of all statutes retaine to the proper of my duties, and I am familiar with and accept the obligation of my position as redocument is being filed merely objected achange in the registered office address corporation has been notified in writing if this clange	city. and complete performance egistered agen' Or, if this , Thereby confirm that the
(Signature of Registered Nicely) # Ollub 10//3/	108
It signing on behalt of an entity:	108
JEEFREY E PERDUE (Typed of Printed Name)	
··	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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