P9700069032

(Red	uestor's Name)	
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
•		
Certified Copies Certificates of Status		
Special Instructions to F	iling Officer:	

Office Use Only



800060156168

10/04/05--01065--005 **35.00

05 OCT -4 PM 1: 22

PS 10/12/05

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SUME MONTGAGE INC. (Name of Corporation)		
DOCUMENT NUMBER: \$\int 97000069032		
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:		
(Name of Contact Person)		
SYME MOLTCAGE INC. (Firm/Company)		
2448 LEGACY LAKE DRIVE (Address)		
MAITIAND FL 32751 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (407) 657-5114 (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

FILED

05 OCT -4 PM 1: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: SYME MONTGAGE INC.		
2. The principal office address: 2448 LEGACY LAKE PRIVE		
MA(7/AMP FL 32751		
3. The mailing address (if different):		
-		
4. Date of incorporation/qualification: 08/08/1997 Document number: f9700069032		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
GEONGE W. SYME		
1922 LEGACY COSE DRIVE		
MAITLAND FL 32751		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
GEORGE W. SYME		
2448 LEGACY LAKE DR.		
2448 LEGACY LAKE DR. (P.O. Box NOT acceptable) MAITLAND FL 32751		
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 free corporation has been notified in writing of the change.		
(Signature of an difficulty) (Signature of an difficulty) (Printed of 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 Negistered Agent) (Date)		
If signing on behalf of an entity:		

GEORGE SYME