

P98000073528

Robert E. Clark
Requestor's Name

P.O. Box 8505
Address

Jacksonville, FL 32239-0505
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

600002754556-19
-01/26/99-01027-008
*****35.00 *****35.00

FILED
99 JAN 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

~~1055, 1065, 767~~

1-26-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 12, 1999

Robert E. Clark
P. O. Box 8505
Jacksonville, FL 32239-0505

SUBJECT: DIRECT MORTGAGE, INC.
Ref. Number: P98000073528

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 099A00001311

RECEIVED
93 JAN 20 AM 9:14
DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DIRECT MORTGAGE, INC.

2. The mailing address of the corporation is: 4806 SAN JUAN AVE.
JACKSONVILLE FLORIDA 32210

3. Date of incorporation/qualification: _____ Document number: P98000073528

4. The name and address of the current registered agent and office:

Robert J. Riniker
9378 Arlington Expressway, Suite 316
Jacksonville, FL 32225

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

ROBERT E. CLARK
4806 SAN JUAN AVE.
JACKSONVILLE, FLORIDA 32210

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.

Robert Clark
(Signature of an officer, chairman or vice chairman of the board)

1/15/99
(Date)

ROBERT E. CLARK PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Robert Clark
(Signature of Registered Agent)

1/15/99
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)