

P98000096930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

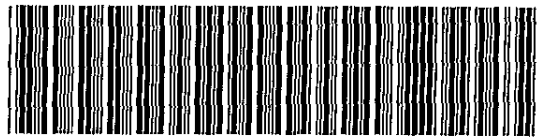
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Year	Percentage of Population Aged 65 and Over
1950	7%
1960	8%
1970	9%
1980	10%
1990	11%
2000	12%
2010	13%
2020	14%
2030	15%
2040	16%
2050	18%

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doi:10.1017/S0022292412001619

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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: Roxburgh Mortgage Services, Inc.
2. The principal office address: 7438 Wiles Road
Coral Springs, Florida 33067-2066
3. The mailing address (if different): 11023 NW 70 Court
Parkland, Florida 33076
4. Date of incorporation/qualification: 11/16/1998 Document number: P98000096930
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hope Foster

11461 NW 39 Street

Coral Springs, Florida 33065

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

Hope Foster

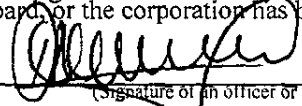
7438 Wiles Road

(P.O. Box or personal mailbox NOT acceptable)

Coral Springs, Florida 33067-2066

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.


(Signature of an officer or director)

Hope Foster / Director

(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.


(Signature of Registered Agent)

11/26/2003

(Date)

If signing on behalf of an entity:

Hope Foster

(Typed or Printed Name)

Director

(Capacity)

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

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

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