## P98000103403

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
2					

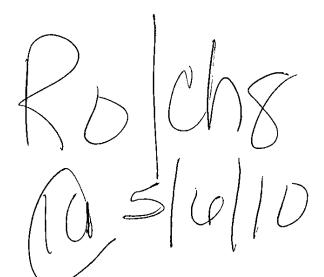
Office Use Only



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04/22/10--01015--011 \*\*35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TO MAY -5 AM 8: 30



## **COVER LETTER**

TO:	Amendmen Division of	t Section Corporations				
SUBJ	ECT:	Founda	tion Mortgag	ge Corporation	<del></del>	
DOC	UMENT NUI			000103463	<del></del>	
The en	nclosed Stater	nent of Change of I	Registered Office	/Agent and fee are su	bmitted for filing	ξ.
Please	return all cor	respondence conce	rning this matter	to the following:		
	_		Scott E.	Jones		
			Name of Con	tact Person		
		Fou	ındation Morto	age Corporation	.s	
			Firm/Co	mpany	;	7-5
					٠.	
1680 Michigan Avenue, St						
			Addr	ess	ឡ	
•			Miewi Decel	EL 22420	`	San A
	Miami Beach, FL 33139  City/State and Zip Code				<del>- , ,,</del>	
			66			
				nmortgage.net ture annual report r	notification)	
					,	
For fu	rther informa	tion concerning this	s matter, please c	all:		
		Scott E. Jones		at ( 305 )	777-22	273
	Nan	ne of Contact Perso	n	Area Code & D	Daytime Telephor	ne Number
Enclo	sed is a \$35.0	0 check made paya	ble to the Departi	ment of State.		
		Mailing Addr Amendment : Division of C P.O. Box 632	Section Corporations		nt Section f Corporations	
		Tallahassee,			ntaing ative Center Ci e, FL 32301	ircle

TO:



April 23, 2010

SCOTT E. JONES FOUNDATION MORTGAGE CORPORATION 1680 MICHIGAN AVENUE - SUITE 700 MIAMI BEACH, FL 33139

SUBJECT: FOUNDATION MORTGAGE CORPORATION

Ref. Number: P98000103463

We have received your document for FOUNDATION MORTGAGE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 410A00010100

se attached.

July rested.

Thanks your son.

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

	provisions of sections 607.0502, 617, ange is submitted for a corporation or		
	ange is submitted for a corporation of er to change its registered office or re		
1. The name of	the corporation: Foundation Mo	ortgage Corporation	
	office address: 1680 Michigan A		each, FL 33139
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 12-9	-98 Document number:	P98000103463
	d street address of the current register rtment of State: (If resigned, enter res		file with the
	Scott E. Jones		
•	4680 Michigan Avenue, Suit	=700 20 Island Av	<u>t#1007</u>
	Miami Beach, FL 33139		10 MA
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or register	red office
	Scott E. June	<u></u>	
	1680 Michigan	Are Nite 700 x NOT acceptable	— <del>異</del> 8: 30
	Miami Beach, Fi	33139	
The street address changed will	ess of its registered office and the st I be identical.	reet address of the business offic	e of its registered agent,
Such change w authorized by t	as authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or in notified in writing of the chang	by an officer so ge.
Signatu	ure of the officer or director	Scott E.	
I further agree of my duties, ar document is be	t the appointment as registered ager to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	statutes relative to the proper as cobligation of my position as reg in the registered office address.	nd complete performance vistered agent. Or, if this
	gnature of Registered Agent	04/19/2 Date	2010
	ehalf of an entity:	Date	
o.g.i.i.g on o	one or an one,		
T	Typed or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	. 5011;

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)