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TRANSMITTAL LETTER

Trans-Act Mortgage, Inc. SUBJECT: (Name of corporation) DOCUMENT NUMBER: P99000081701 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: Craig Stein, Esq. (Name of person) (Name of firm/company) 11555 Heron Bay Blvd., Suite 301 (Address) Coral Springs, FL. 33076 (City/state and zip code) For further information concerning this matter, please call: Craig Stein (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

	of change is submitted f	or a corporation of	502, 607.1508, or 617.150 rganized under the laws of office or registered agent,	the State of
of Florida. 1. The name o	f the corporation: Tran	s—Act Mortgage	, Inc.	
2. The principa	al office address: 1155	5 Heron Bay Bl	vd., Suite 301	
	orings, FL. 33076		<u> </u>	<u> </u>
3. The mailing	address (if different):_			SSEC. N
4. Date of inco	rporation/qualification:	9/9/1999	Document number:	P99000@1701
	nd street address of the cartment of State:	current registered a	gent and registered office of	on file with the
	HRAWG CORP.			
	1801 N. Military	Trail, Suite	200	
	Boca Raton, FL.	33431		· · · · · · · · · · · · · · · · · · ·
6. The name a changed):	end street address of the Craig Stein, Esq	-	gent (if changed) and /or	registered office (if
	11555 Heron Bay (P.O.	Blvd., Suite 3	OT acceptable)	
	Coral Springs, F	L. 33076	· ·	.,
The street add agent, as chan	ress of its registered ofl ged will be identical.	ice and the street a	address of the business of	ice of its registered
Such change vauthorized by	vas authorized by resolute board, or the corporate	-	by its board of directors of ified in writing of the cha	
(Signaturo of an office	er, chamman or vice chairman of th	Jo	hn S. Monroe, Presi (Printed or typed name and to	dent
I hereby accept I further agree performance of registered age office address,	of the appointment as re to comply with the pro f my duties, and I am fo nt. Or, if this documen I hereby confirm that t		l agree to act in this capa tes relative to the proper ccept the obligation of my ely to reflect a change in s been notified in writing	
	Significant of Registered Agent)		8/21/03	
If signing on beh			(Date)	
	(Typed or Printed Name)	<u> </u>	(Capacity)	

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