## F 9800000 4117

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(00	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAMASSES, FURNISHED

R.A. Charge DUL 1 4 2004

## 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     A 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: Indiana Morto any funding inc
2. The principal office address: 1340 Shadeland 510 fus
3. The mailing address (if different):
4. Date of incorporation/qualification: 7195 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
in the Control of the
100 200th Birch 100 Unit 1753
A Lauderdale, 12 33316 En &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Morida Filing & Scarch Services, INC 3 3 0
1333 N. Wuld Gt.
(P.O. Box or personal multipox NOT scooptable)
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)  (Signature of an officer or director)  (Printed or types) partie 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 filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
abbie P. Hocke (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Abbie P. Hodge Vice President (Typed or Printed Name)

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