F07000003770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

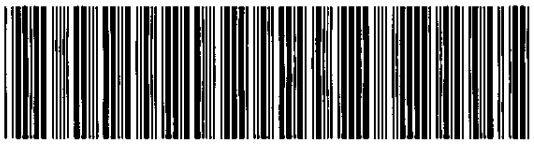
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300276710873

RECEIVED
2015 SEP -2 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 SEP -9 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2015

T CANNON

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

RESUBMIT
Please give original submission date as file date.

CORPORATION SERVICE COMPANY
ATTN: MELISSA ZENDER

SUBJECT: HOME POINT FINANCIAL CORPORATION
Ref. Number: F07000003770

We have received your document for HOME POINT FINANCIAL CORPORATION and the authorization to debit your account in the amount of $. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

The registered agent signature is to small to read, it must be readable.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 215A00018666

RECEIVED
2015 SEP -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 771249 7810571

AUTHORIZATION :

COST LIMIT : $35.00

ORDER DATE : September 1, 2015

ORDER TIME : 2:44 PM

ORDER NO. : 771249-025

CUSTOMER NO: 7810571

CHANGE OF AGENT

NAME: HOME POINT FINANCIAL
CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender EXT 62956

EXAMINER'S INITIALS: _____

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 _____ _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOME POINT FINANCIAL CORPORATION

2. The principal office address: 1194 Oak Valley Drive, Suite 80
Ann Arbor, MI 48108

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/26/2007 Document number: F07000003770

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP -9 PM 12: 35

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

Corporation Service Company
1201 Hays Street
P.O Box NOT acceptable
Tallahassee FL 32301

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

William Newman, President & CEO
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.

Corporation Service Company
By: _____
Signature of Registered Agent

08/14/2015
Date

If signing on behalf of an entity:
Melissa Zender
Asst. Vice President
Typed or Printed Name

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

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

CR2E045 (03/12)