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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE UNITED AMERICAN MORTGAGE CORPORATION S TALLEN

Certificate of Status	0
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APR O G 2020

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: United American Mortgage Corporation
Name of Corporation
DOCUMENT NUMBER: F12000003377
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:
Jaclyn Wright
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Suite 300
Address
Austin, Texas 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaclyn Wright Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

tatement of cha	provisions of sections 607.0502 inge is submitted for a corporat	tion organized unde	er the law	vs of the State of	California
in orde	er to change its registered office	or registered ager	it, or both	h, in the State of	Florida.
l. The name of	the corporation: United Al	merican Mo	rtgag	e Corpora	ation
2. The principal	office address: 3198-F Ai	rport Loop [Orive,	Costa Me	sa, CA 92626
•	address (if different):				
1. Date of incorp	poration/qualification: 8/13/	<u>2012</u> _{Do}	cument r	number: F120	000003377
	d street address of the current re rtment of State: (If resigned, en		registere	d office on file v	vith the
	PARACORP IN	ICORPOR	RATE	ΞD	
	155 OFFICE PLAZA DF	RIVE	1ST FLOOR		<u> 2020</u> 1
	TALLAHASSEE		FL	32301	2020 NPR -
6. The name and (if changed):	d street address of the new regis		_	•	-3 AH 9: 4
	155 Office Plaza		uite A		<u> </u>
	Tallahassee	P.O. Box NOT acce	3230	1	_
The street address changed will	ess of its registered office and be identical.	the street address	of the bu	siness office of	its registered agent,
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its b is been notified in	oard of d writing o	lirectors or by a of the change.	n officer so
s/ ALW. H	ensling	AI W		sling	
hereby accept further agree of my duties, an locument is bei	the appointment as registered to comply with the provisions of I am familiar with and accepting filed merely to reflect a chis been notified in writing of this	of all statutes rela pt the obligation o ange in the registe	o actin i	this canacity	
Hod	partite of Registered Agent	04/0	02/20		
	phatific of Registered Agent			Date	
	Assistant Secretary				
	yped or Printed Name				
	***FI	LING FEE: \$35.0	00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)