

F140000000997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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T. CARTER

RA/RO Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTERLINE MORTGAGE CAPITAL INC.
Name of Corporation

DOCUMENT NUMBER: F14000000997

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:

Myra Simmons
Name of Contact Person

Capitol Services Registered Agent Department
Firm/Company

800 Brazos Ste 400
Address

Austin, TX 78701
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Simmons at (800) 345-4647
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: CENTERLINE MORTGAGE CAPITAL INC.
2. The principal office address: 100 Church Street, 15th Floor
New York, NY 10007
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/28/2014 Document number: F14000000997
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)

C T Corporation System

1200 South Pine Island Road

Street Address

Plantation

FL

33324

City

State

Zip Code

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

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Street Address

P.O. Box NOT acceptable

Tallahassee

FL

32301

City

State

Zip Code

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.

Susanne Smith
Signature of an officer or director

Susanne Smith, Asst. Secretary
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.

Delanie Case
Signature of Registered Agent

9.29.14
Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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)

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

- 1. The name of the corporation: CENTERLINE MORTGAGE CAPITAL INC.
2. The principal office address: 100 Church Street, 15th Floor
New York, NY 10007
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/28/2014 Document number: F14000000997

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)

C T Corporation System
1200 South Pine Island Road
Street Address
Plantation FL 33324
City State Zip Code

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

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Street Address P.O. Box NOT acceptable
Tallahassee FL 32301
City State Zip Code

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TALLAHASSEE, FLORIDA
14 OCT 14 PM 2:19

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.

Susanne Smith
Signature of an officer or director

Susanne Smith, Asst. Secretary
Printed or typed name and title

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9.29.14
Date

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Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
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)

Return acknowledgment to: SW



Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767



**Statement of Change of Registered Office
or Registered Agent or Both for
Corporations**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 10/8/2014
STATE: FLORIDA
REP UNIT: CENTERLINE MORTGAGE CAPITAL
INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #25421 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-37095L