

F1700002684

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: mkopke@mulhomeloans.com

RECEIVED

2019 FEB -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE
MORTGAGES UNLIMITED INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2019 FEB -7 AM 11:26

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FILERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mortgages Unlimited, Inc.
Name of Corporation

DOCUMENT NUMBER: F17000002684

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:

Melissa Kopka
Name of Contact Person

Mortgages Unlimited, Inc.
Firm/Company

7365 Kirkwood Ct N. Suite 300
Address

Maple Grove, MN 55369
City/State and Zip Code

mkopka@muihomeloans.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at (800) 567-4397
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MORTGAGES UNLIMITED INC.
- 2. The principal office address: 7365 KIRKWOOD CT N, STE 300
MAPLE GROVE, MN 55369
- 3. The mailing address (if different): _____

4. Date of Incorporation/qualification: 6/12/2017 Document number: F17000002684

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)

NRAI, INC.
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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

URS AGENTS, LLC
3458 LAKESHORE DRIVE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32312

2019 FEB - 7 AM 10:50

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.

Chris Fredin
Signature of an officer or director

CHRIS FREDIN, 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.

K.R.S.
Signature of Registered Agent

2/7/2018
Date

If signing on behalf of an entity:
Kanetha Bishop, Senior Client Service Specialist
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)