

Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002563663)))



H060002563663ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

: BUSINESS FILINGS Account Name Account Number : 105256001620

: (608)827-5300 Phone

Fax Number : (608)827-5501

REGISTERED AGENT CHANGE

II, ISION OF CHROOFALIGHS GREENTREE MORTGAGE CORPORATION OF MARYLAND

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

900Z-5T-130

10.9

S8.9 JATOT

Harass 2563663

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

	e provisions of sections 607.0502, of change is submitted for a corpora	,		
Maryland	in order to change its regist	tered office or registered agent,	or both, in the State	
of Florida.	Greentree Mortgag	e Corporation	60	
	the corporation: Greentree Mortgag		TOO TO	
2. The principa	l office address: 2 Park Center Cour	t, Suite 200, Owings Mills, Marylan	d 21117 (4/6) 0	
	· · · · · · · · · · · · · · · · · · ·		the State of or both, in the State	
3. The mailing	address (if different):	·		
4. Date of inco	rporation/qualification: 10/19/199	9 Document number:	F99000005350	
	ad street address of the current register artment of State:	ered agent and registered office of	n file with the	
	James Daylor			
	203 Bermuda Bay Circle		And the second s	
	Ponte Vedra Beach, Florida 32082		·	
6. The name a changed):	nd street address of the new regist	ered agent (if changed) and /or	registered office (if	
changed).	Business Filings Incorporated			
	1203 Governors Square Blvd., Suite 101			
	(P.O. Box or personal mailbox NOT acceptable)			
	Tallahasse, Florida 32301			
The street addi	ress of its registered office and the s ged will be identical.	treet address of the business offi	ice of its registered	
• •	as authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or an notified in writing of the char	r by an officer so	
Ċ		Joel Wax, President	•	
`	r, chairman or vice chairman of the board)	(Printed or typed name and titl	•	
I further agree performance o	t the appointment as registered age to comply with the provisions of al f my duties, and I am familiar with o nt. Or, if this document is being file I hereby confirm that the corporati	l statutes relative to the proper of and accept the obligation of my	ind complete position as	
110	c 2.0 A	10/10/2006		
	Signature of Registered Agent)	(Date)		
Ping				
If signing on beha	1 1	AVP		

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