M0300001250

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
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SECRETARY OF STATICAL DIVISION OF CONTRACT

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mortgage Lenders of A (Name of	America, LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Patty Boverie		
(Name of Person)		
National Corporate Services, Ind	<u>c</u>	
2 Club Centre Court, Ste. 5		
(Address)		
Edwardsville, IL 62025		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Patty Boverie	at (866) 416-6274	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company.	is: Mortgage Lenders of America, L.L.C.	- No.	·
2. The mailing address of the limited liability	company is :		·
8400 W 110th Street, Suite 500, Overland Park, H	KS 66210		<u></u> .
04/21/03	M0300001250		
3. Date of filing/registration in Florida 4. Document number		·-	
5. The name of the registered agent and the registered agent ag	gistered office address as shown on the r	ecords of the	
CT Corporation Syst			
	Name		
1200 South Pine Isla	nd Road		
	Address	_	9
Plantation, FL 33324		97	SE
City, State and Zip		SEP	흐믔
6. The name and address of the new registered agent and/or office:		.p 21	
NRAI Services, Inc.		~0	
Name		P =	, , • 10
2731 Executive Park	Drive, Suite 4		- E
	ess (P.O. Box NOT acceptable)	55	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	(2 v 2 v 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	51	_⊊″
Weston	FL 33331		:72
	State and Zip	~	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that tof the members of the limited liability comparor the operating agreement of the limited liability companies the operating agreement of the limited liability companies the operation of authorized representative of a member of authorized representative of a	made, the Florida street address of the rewill be identical. Or, in the case of a Florida change(s) was/were authorized by an any or as otherwise provided in the article ity company.	egistered office orida limited affirmative vo	ite
Philip L. Kneibert, Member			
(Printed or typed name of signee)			
I hereby accept the appointment as registered comply with the provisions of all statutes relationed I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable NRAI Serves line.	agent and agree to act in this capacity. ive to the proper and complete performa. ons of my position as registered agent as g filed to merely reflect a change in the r lity company has been notified in writing	I further agree nce of my dutie provided for i egistered offic g of this change	e to es, n ee ee.
(Signature of Registered Agent)	·····		
Sean L. Emerick, Asst. Secretary Division of Corporations 1	P.O. Box 6327, Tallahassee, FL 32314		
•	NG FEE: \$25.00		