P10000001216

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Division of Corp	oorations			
SUBJECT:	Best Servicers of America, Inc. Name of Corporation			
DOCUMENT NUMBE	R:P10	000001216		
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submi	tted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:		
		ALAVESINO ntact Person		
_		of America, Inc.		
		AVE SUITE 730		
	BOCA RATO	DN, FL 33431 nd Zip Code	<u>,</u>	
E-m	NPALAVESINO@BES		ication)	
For further information of	concerning this matter, please	call:		
NELSON	I PALAVESINO	at (561)	886.6699	
Name of	Contact Person	at (561) Area Code & Dayti	me Telephone Number	
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle	

TO: Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: Best Servicers of America, Inc. 2. The principal office address: 3500 NW 2ND AVE SUITE 730 **BOCA RATON, FL 33431** 3. The mailing address (if different): 01/06/2010 _____ Document number: P10000001216 4. Date of incorporation/qualification: 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 3500 NW 2ND AVE SUITE 730 P.O. Box NOT acceptable BOCA RATON, FL 33431 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. gnature of an officer or director 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 duttes, 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. Signature of Registered Agent If signing on behalf of an entity:

NELSON PALAVESINO

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