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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 15 2011

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MTSERVICER L	<u> </u>			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to the following:			
Jorge Barreto Name of Person				
C/O GRS MANAGEMENT	$\frac{r}{l}$			
8181 N.W 154 STREET	<u> Suitearo</u>	7		
MIAMI LAKES F/ 33016 City/State and Zip Code City/State and Zip Code		2011 AUG 12 SECRETARY		
GBARRETO C bellsouth, Net E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			<u> </u>	
Jorge BARReto at (305) 989-9447				
Name of Person	Area Code & Daytime Telephone Num	ber		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:			
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 amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	y		

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. Name of the limited liability company:	ERVICER LLC
2. (a) Principal office address of limited liability company	: ClogRS MANAGEMENT, Inc
(Note: MUST BE STREET ADDRESS)	8181 N.W. 154 ST - Suite 27
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME AS Above
3/03/11 3. Date of filing/registration in Florida	L 11000025768 4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Jorge BARRATO
Registered Office Address:	8/4/ N.W 1545T 270 MIAMI LAKES, Fl 33016
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	Joage BARRETO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8/0 GRS MANAGEMENT, INC 8/8/ NW 154 ST - Suite 270 MIAMI LAICES FL 33016
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or supported representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the province of a member of am I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if his document is being filed to meroaddress, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of Registered Agent	
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)