701167

| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
| · , , | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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APR 1 9 2021 S. YOUNG

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | |
|---|---|--|--|--|--|--|
| SHRII | ECT: Florida Association of Mortgage Brokers, Inc. | | | | | |
| Name of Corporation | | | | | | |
| DOCL | MENT NUMBER: 701167 | | | | | |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| | Ryan Riesterer | | | | | |
| Name of Contact Person | | | | | | |
| Riesterer Law, Ltd. | | | | | | |
| Firm/Company | | | | | | |
| 159 Crocker Park Blvd., Suite 400 | | | | | | |
| | Address | | | | | |
| | Westlake, OH 44145 | | | | | |
| City/State and Zip Code | | | | | | |
| ryan@riestererlaw.com | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For fu | ther information concerning this matter, please call: | | | | | |
| Ryan | Riesterer 216 245-2580 | | | | | |
| | Name of Contact Person at (216) 245-2580 Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | |
| | Mailing Address: Amendment Section Street Address: Amendment Section | | | | | |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of | Florida | - | _ |
|-------------------------------------|--|---|----------|---------------------|-----|
| 1. The name of t | he corporation: Florida Associa | tion of Mortgage Brokers, Inc. | | | |
| 2. The principal | office address: 113 South Monroe | Street 1st Floor Tallahassee, FL 32301 | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 07/07/1960 | Document number: 701167 | , | | |
| 5. The name and | | tered agent and registered office on file w | | | |
| | Meghan Shiner | | _ | 202 | |
| | 4651 Salisbury Road Suite | 400 | | 2021 FEB 22 | :: |
| | Jacksonville, FL 32256 | | | 22 1 | (11 |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or registered of | PH 5: 28 | | 3.6 |
| | Northwest Registered Agen | t LLC | | တ | |
| | 7901 4th St N STE 300 | | _ | | |
| | St. Petersburg FL 33702 | ox NOT acceptable | _ | | |
| The street addre | ess of its registered office and the be identical. | street address of the business office of i | ts regis | tered age | nt, |
| Such change wa | is authorized by resolution duly a | dopted by its board of directors or by an een notified in writing of the change. | | | |
| Light J Kyon | Col | Linda Knowlton | | | |
| Signatu | re of an officer or director | Printed or typed name and ti | tle | *** | - |
| l furthér agrée i performance of | o comply with the provisions of a my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and cor and accept the obligation of my positio to reflect a change in the registered offi ified in writing of this change. | n as res | gistered ress, I | |
| lon | Glove | February 12, 2021 | | | _ |
| Sig | nature of Registered Agent | Date | | | |
| If signing on be | half of an entity: | | | | |
| Tom Glover | | | | | |
| T | oped or Printed Name | | | | |

* * * FILING FEE: \$35.00 * * *