

FILED
14 FEB -3 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

REAL ESTATE MORTGAGE NETWORK, INC.

F01000000738

Please file the attached Name Change Amendment

<input type="checkbox"/> Nonprofit	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Foreign		
	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> LLC	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	
	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> Walk In		<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
Name		
Availability	2/3/2014	Order#:
Document		9027926
Examiner	KM	
Updater		Ref#:
Verifier		
W.P. Verifier		Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

REAL ESTATE MORTGAGE NETWORK, INC.

F01000000738

Please file the attached Name Change Amendment

<input type="checkbox"/> Nonprofit	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Foreign		
	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> LLC	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	
	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> Walk In		<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
Name		
Availability	2/3/2014	Order#:
Document		9027926
Examiner	KM	Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Real Estate Mortgage Network, Inc.
Name of Corporation

DOCUMENT NUMBER: F01000000738

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold H. Haskin
Name of Contact Person

HomeBridge Financial Services, Inc.
Firm/Company

194 Wood Avenue South, 9th Floor
Address

Iselin, NJ 08830
City/State and Zip Code

HHaskin@remn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold Haskin at (732) 738-7100x441
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

HOMEBRIDGE FINANCIAL SERVICES, INC.

*I, the Treasurer of the State of New Jersey, do hereby certify,
that on January 10, 2014, a name change certificate
was duly filed in this office, changing the business name from
Real Estate Mortgage Network, Inc.
to:
Homebridge Financial Services, Inc.*



Certificate Number: 131006049

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
30th day of January, 2014

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P Sidamon-Eristoff
Treasurer

COPY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Real Estate Mortgage Network, Inc.
Name of Corporation

DOCUMENT NUMBER: F01000000738

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold H. Haskin
Name of Contact Person

HomeBridge Financial Services, Inc.
Firm/Company

194 Wood Avenue South, 9th Floor
Address

Iselin, NJ 08830
City/State and Zip Code

HHaskin@remn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold Haskin at (732) 738-7100x441
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301