

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200254340182

02/03/14--01005--013 \*\*35.00

NC

FEB = 4 2014

R. WHITE

PE FEB -3 WH 17

FILED:

14 FEB -3 MIO 35

SECREPAGE PER STATE

SECR

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\*\*\*

( ) Nonprofit	(X) Amendment	() Merger
() Foreign	_	
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
() LLC	() Annual Report	() Other
	( ) Name Registration	() UCC
() Certified Copy	() Fictitious Name	
	() Photocopies	() CUS
(x) Walk In	() - 1.000 00 p.000	() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		
Availability	2/3/2014	Order#:
Document		9027926
Examiner	KM	
Updater Verifier		Ref#: 
W.P. Verifier	_	Amount: \$
	<del>-</del>	

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\*\*\*

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

# **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Real Estate Mortgage Network, Inc.	of Corporation
DOCU	JMENT NUMBER: F01000000738	·
	closed Amendment and fee are subm	itted for filing.
Please	return all correspondence concerning	this matter to the following:
Llowol	d H. Haskin	
Паго	Name of Contact Person	
Home	Bridge Financial Services, Inc. Firm/Company	
<u>194 W</u>	ood Avenue South, 9th Floor Address	
Iselin,	NJ 08830  City/State and Zip Code	
	n@remn.com mail address: (to be used for future annu	al report notification)
For fur	ther information concerning this matt	er, please call:
<u>Harol</u>	d Haskin Name of Contact Person	at ( <u>732</u> ) <u>738-7100x441</u> Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amour	nt:
S	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)
Amend Division P.O. Be	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

# SECTION I (1-3 MUST BE COMPLETED)

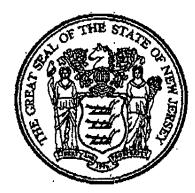
F01000000738		芸治 手	
(Document num	nber of corporation (if known)		
L. Real Estate Mortgage Network, Inc.			
	ears on the records of the Department of State)	FLOR STA	
2. New Jersey	3. 02/09/2001		
(Incorporated under laws of)	3. 02/09/2001 (Date authorized to do busino	ess in∰orida) 👸	
	SECTION II LY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corpora	ation, when was the change effected unde	er the laws of	
its jurisdiction of incorporation? 02/03/2014			
5. HomeBridge Financial Services, Inc.  (Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	g suffix "corporation," "company," or "in name of the corporation)	ncorporated," or	
(If new name is unavailable in Florida, enter altern business in Florida)	, , , , , , , , , , , , , , , , , , , ,	se of transacting	
6. If the amendment changes the period of duration,	indicate new period of duration.		
	New duration)		
7. If the amendment changes the jurisdiction of incomparison of the property o	rporation, indicate new jurisdiction.		
(N	lew jurisdiction)		
8. Attached is a certificate or document of similar im 90 days prior to delivery of the application to the I having custody of corporate records in the jurisdic	Department of State, by the Secretary of State, by the Secretary of State, under the laws of which it is incorporate.	ticated not more than State or other official orated.	
(Signature of a director, president or other officer - i of a receiver or other court appointed fiduciary, by t			
Joel R. Katz	President		
(Typed or printed name of person signing)	(Title of person signin	g)	

## 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.

Homebridge Financial Services, Inc.

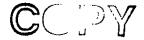


Certificate Number: 131006049 Verify this certificate online at

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

Andrew P Sidamon-Eristoff Treasurer



# **COVER LETTER**

TO:	Division of Corporations	
SUBJ	ECT: Real Estate Mortgage Network, Inc. Name o	f Corporation
DOC	UMENT NUMBER: F01000000738	
The e	nclosed Amendment and fee are submi	tted for filing.
Pleas	e return all correspondence concerning	this matter to the following:
Har	old H. Haskin Name of Contact Person	
Hom	eBridge Financial Services, Inc. Firm/Company	
<u>194 \</u>	Wood Avenue South, 9th Floor Address	
<u>Iselin</u>	NJ 08830 City/State and Zip Code	
	kin@remn.com E-mall address: (to be used for future annu	al report notification)
For fi	urther information concerning this matt	er, please call:
_Har	old Haskin Name of Contact Person	at ( <u>732</u> ) <u>738-7100x441</u> Area Code & Daytime Telephone Number
Enclo	osed is a check for the following amour	nt:
	\$35.00 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amer Divis P.O.	ing Address: Indment Section Identification of Corporations Box 6327 Industrial Hassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301