

MBL MORTGAGE CORP. 209 SECOND STREET LIVERPOOL, NY 13088

PHONE 315-451-2050 FAX 315-451-1877
REGISTERED MORTGAGE BROKER NYS/FL BANKING DEPARTMENT
MORTGAGES THROUGH THIRD PARTIES

TO: DEPARTMENT OF FLORIDA STATE ATTN: DIVISION OF CORPORATIONS

FROM: DEBORAH O'OLEARY

RE: CHANGING REGISTERED AGENTS

PLEASE BE ADVISED THAT MBL MORTGAGE CORP IS CHANGING REGISTERED AGENTS. PLEASE SEE ATTACHED FORM.

ANY QUESTIONS CONTACT ME AT 315 451-2050

SINCERELY,

DEBORAH O'LEARY

PRESIDENT

300006230553—4 -07/05/02--01074--020 *****35.00 *****35.00

PS Jun 102

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15 the undersigned corporation organized under the laws of the State of	An I
submits the following statement in order to change its registered off	
the State of Florida.	A
1. The name of the corporation: MBL Mortgage (M io.
2. The mailing address of the corporation: 209 Second St Liveral NY 13088	
3. Date of incorporation/qualification: 7-23-01 Docu	ument number: <u></u>
4. The name and address of the current registered agent and office:	F2 02
$\sim 1/\Lambda$	
Donna 11 Wydysh	S
521 South East 34 th St	SEGO
(ape Coral A 3390	Tros =
5. The name and address of the new registered agent (if changed) and	I/or registered office (il shanged):
(P. O. Box Not Acceptable)	Dr.
Cloria Misener	
1040 Main St = 33	·
Duned.n fl 34698.	
The street address of its registered office and the street address of thagent, as changed, will be identical.	he business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board.	d of directors or by an officer so
authorized by the board.	6 18-02
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Deborah O'Leary	
(Printed or typed name and file)	
Having been named as registered agent and to accept service of procorporation, I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the obregistered agent.	ocess for the above stated nd agree to act in this capacity. to the proper and complete oligation of my position as
Linia Museum (Signature of Registered Agent)	6-18-02 (Date)
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	· _ ·
(Typed or Printed Name)	(Capacity)
N. A. B. C.	· 1 //

CR2E045(9/00)

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