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(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
—————(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

6/18/21



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 3, 2021

Order#: 835299-011

Re: AMERISAVE MORTGAGE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	mge is su	is of sections 607.0502, ibmitted for a corporati ige its registered office	ion organized unde	r the la	ws of the State of _	GA	<u></u>
1. The name of	the corpo	oration: AMERISAVE M	ORTGAGE CORP	ORATI	ION	_	
2. The principal	office ad						
3. The mailing a	nddress (i	f different):					
4. Date of incorp	poration/	qualification: 03/01/20	002 Doc	ument	number: <u>F02000</u>	001091	
		ddress of the current reg State: (If resigned, ente	-	egistere	ed office on file wi	ith the	20
	Registe	ered Agents Legal Ser	vices, LLC			ECR TAL	ر 21
	155 OFFICE PLAZA DR. SUITE A						8- NUL 1202
	TALLA	HASSEE, FL 32301				28.4] SS.4]	8
6. The name and (if changed):	l street ac	ldress of the new regist	ered agent (if chang	ged) an	d /or registered off	ESTATE	AM 2: 40
	Corpora	ation Service Company	у			_	
	1201 H	ays Street					
			P.O. Box NOT accept	able		-	
	Tallaha	ssee		FL	32301	-	
_		registered office and thical.					l agent.
Such change was authorized by the	as author ne board,	ized by resolution duly or the corporation has	vadopted by its bo been notified in w	ard of o	directors or by an of the change.	officer so	
Jill Cilmi,			Cilmi, Vice President				
Signatu	re of an offi	cer or director		Print	ed or typed name and tit	ile	
I further agree to of my duties, and document is being corporation has	to compl d I am få ng filed i s been no	nintment as registered of with the provisions of the provision of this company.	fall statutes relati t the obligation of nge in the registere	ve to th	ie proper and com	iplete perfo l'agent. Or vy confirm t	ormance r, if this that the
By: I IN	(1 (P 1)	rekub!	06/03/20	021			
	nature of Re	gistered Agent	<u> </u>		Date		
If signing on be	half of a	n entity:					
Grace E. Kirby,							
T ₂	yped or Prin	ted Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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