

## Florida Department of State

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### REGISTERED AGENT CHANGE

MORTGAGE INSURANCE AGENCY, LTD., INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2004

MORTGAGE INSURANCE AGENCY, LTD., INC. 9233 S. ROUTE 31 LAKE IN THE HILLS, 1L 60156

SUBJECT: MORTGAGE INSURANCE AGENCY, LTD., INC.

REF: F02000002874

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Michelle Milligan Document Specialist FAX Aud. #: H04000099327 Letter Number: 504A00030976

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

_ •	617.0502, 607.1508, or 617.1508, Florida Statutes.
this statement of change is submitted for a corpora	<del>-</del>
in oraer to change its regis of Florida.	stered office or registered agent, or both, in the State
of Piorida.  1. The name of the corporation: Mortgage Insurance	A manage T and Trans
·	
2. The principal office address: 9233 South Route 3	1 Lake in the Hills, Illinois 60156
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/03/2002	Document number: F02000002874
5. The name and street address of the current regis Florida Department of State:	stered agent and registered office on file with the
NRAIS	ervices Inc.
526 E P	ark Avenue
Tallahass	ee, FL 32301
6. The name and street address of the new regist changed):	tered agent (if changed) and /or registered office (if
	ration System
c/o C T Com	poration System
	mailbox NOT acceptable)
1200 South Pine Island Ro	pad, Plantation, Florida 33324
The street address of its registered office and the sagent, as changed will be identical.	street address of the business office of its registered
Such change was authorized by resolution duly acauthorized by the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.
Suggesture of the officer. [Charman or vice chairman of the board]	Kelly Snedden Attorney in Fact
I hereby accept the appointment as registered age I further agree to comply with the provisions of all performance of my duties, and I am familiar with registered agent. Or, if this document is being fill office address, I hereby confirm that the corporate Corporation is a complete that the corp	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the abligation of my position as ed merely to reflect a change in the registered ion has been notified in writing of this change.
(Signature of Registered Agent)	(Dett)
f signing on behalf of an outicy:	·
Kelly Snedden	Attorney in Fact
(T) pod or Frinted Name)	(Capacity)

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

Make Checke payable to Florida Department of State and Maic to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314