

F020000002874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

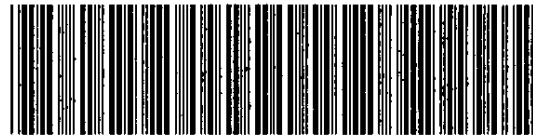
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JUL -3 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB 7/8/08

Pronto Filings, Inc.

*1803 Trenton Drive South
Trenton, MI 48183*

June 27, 2008

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Mortgage Insurance Agency, Ltd., Inc.

Dear Sir:

Attached hereto is the Statement of Change of Registered Office or Registered Agent or Both for Corporations for Mortgage Insurance Agency, Ltd., Inc. for your review and filing along with a check in the amount of \$35.00 for filing fee.

Upon filing, please either email or fax the evidence back to my attention and place the original in the mail.

If you have any questions please do not hesitate to contact me on my direct line (734) 692-6509.

Regards,

Vicki Callahan
vcallahan@prontofilings.com

/encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mortgage Insurance Agency, Ltd., Inc.
(Name of Corporation)

DOCUMENT NUMBER: F02000002874

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Callahan
(Name of Contact Person)

Pronto Filings Inc.
(Firm/Company)

1803 Trenton Drive South
(Address)

Trenton, MI 48183
(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki Callahan at (734) 692-6509
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mortgage Insurance Agency, Ltd., Inc.
2. The principal office address: 1125 Mitchell Court, Crystal Lake, IL 60014
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/3/2002 Document number: F02000002874
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

(P.O. Box NOT acceptable)

Loxahatchee, FL 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

David J. Jackson, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Victoria Callahan
(Signature of Registered Agent)

6-30-08
(Date)

If signing on behalf of an entity:

InCorp Services, Inc.

(Typed or Printed Name)

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

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

CR2E045 (8/05)

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