## T03000006153

(Requestor's Name)				
(Address)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D. )				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· <del></del>				
Special Instructions to Filing Officer:				

Office Use Only



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12/27/05--01035--016 \*\*35.00

OS DEC 27 MM 9: 10
SECRETARY OF STATE
FALLAHASSEE, FLORIT

or Open 12-27-05

## US CorpWorks Inc.

AN AFFILIATE OF NATIONAL REGISTERED AGENTS, INC.

P: 303.393.8800

Toll-Free: 888.967.5799

F: 303.393.8900

## VIA REGULAR MAIL

TO:

PROM

Division of Corporations Florida Department of State Char McAdow

P.O. Box 6327

cmcadow@uscorpworks.com

P.O. Box 6327

Tallahassee, FL 32314

D VII

12/16/2005

RE.

Maverick Residential Mortgage, Inc.

Hello,

We request your assistance in filing the enclosed change of agent documents as soon as possible. Please send evidence of the filing to me via regular mail at the address shown below.

Thanks much,

Char

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

-	•	502, 607.1508, or 617.1508, Florida Statutes,	this statement of	
•	tted for a corporation organized under	• • • • • • • • • • • • • • • • • • • •	in order	
to change its reg	sistered office or registered agent, or b	oth, in the State of Florida.		
1. The name of	he corporation: Maverick Residenti	al Mortgage, Inc.	··· ·- · · · · · · · · · · · · · · · ·	
2. The principal	office address: 2401 Internet Blvd.,	Ste. 103, Frisco, TX 75034	-	
<del></del> ,	<u> </u>	110		
3. The mailing a	ddress (if different):	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorp	poration/qualification: 12/01/2003	Document number: F03000006153		
	street address of the current registered tment of State:	d agent and registered office on file with the		
	C T Corporation System		<u></u>	
	1200 South Pine Island Road			
	Plantation, FL 33324	and the second s	ALS SE	
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	DEC 27	
	NRAI Services, Inc.	and the second s	T E TE	
	2731 Executive Park Drive, Suite		ORAL STA	
	(P.O. Box or person	al mailbox NOT acceptable)	D/-	
	Weston, FL 33331	454		
The street addre	ss of its registered office and the stre identical.	et address of the business office of its registe	red agent, as	
Such change wa	s authorized by resolution duly adop corporation has been notified in wri	ted by its board of directors or by an officer ting of the change.	so authorized by	
		Bob Johnson, Vice President	, 	
	ignature of an officer or director)	(Printed or typed name and t	·	
NRAI Services	the appointment as registered agent o comply with the provisions of all st familiar with and accept the obligately to reflect a change in the registere writing of this change.	and agree to act in this capacity, tatutes relative to the proper and complete point of my position as registered agent. Or, if ad office address, I hereby confirm that the co	rformance of my fthis document is orporation has	
by: V	Signature of Registered Agent)	November 30, 2005 (Date)		
If signing on be	nalf of an entity:			
Michael Mirrio	ne	Asst. Secy.		
	(Typed or Printed Name)	(Capacity)	<del></del>	

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