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OF REPORTED OF THE PROPERTY OF

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NAME:

WALL STREET MORTGAGE BANKERS, LTD.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

WALL STREET MORTGAGE BANKERS, LTD.

Name of Corporation

NOCUMENT NUMBER: F0400001967

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:

TERI STAPLETON

Name of Contact Person

UNISEARCH, INC.

Firm/Company

PO BOX 2038

Address

IDAHO SPRINGS, CQ 80452

City/State and Zip Code

TERI.STAPLETON@UNISEARCH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERI STAPLETON

, /2U

386-3108

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35,00 check made payable to the Department of Stare.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 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

statement of change	isions of sections 607.0502, 617.0502, is submitted for a corporation organiz change its registered office or register	red under the laws of the State of <u>NE</u>	EW YORK
1. The name of the c	orporation: WALL STREET MC	ORTGAGE BANKERS, LT	D. INC.
2. The principal offic	ce address: 1111 MARCUS AVE CESS, NY 11042	E. STE. LL08	
3. The mailing addre	ess (if different):		March of the last
4. Date of incorpora	tion/qualification: 04/08/2007	Document number: F04000	001967
5. The name and stre	ect address of the current registered agent of State: (If resigned, enter resigned	ent and registered office on tile with	
N	RAI SERVICES, INC	A 49-4-9-4-10-10-10-10-10-10-10-10-10-10-10-10-10-	ı
12	200 S PINE ISLAND RD		2016
Pl	_ANTATION, FL 33324		2016 MAY 27
6. The name and stre (if changed):	eet address of the new registered agent	t (if changed) and /or registered offi	
Ui	nisearch; Inc.		==
15	55 Office Plaza Drive		ယ Y
Ta	F.O. Box NOT a allahassee, FL 32301	acceptable	
The street address of as changed will be	of its registered office and the street a identical.	address of the business office of its	registered agent,
Such change was an authorized by the b	uthorized by resolution duly adopted oard, or the corporation has been noti	by its board of directors or by an o ified in writing of the change.	fficer so
(4)	Pan officer or director	KEITH KANTROWITZ	444 - 148 144 144 144 144 144 144 144 144 144 14
I hereby accept the I further agree to co performance of my agent. Or, if this d	appointment as registered agent and omply with the provisions of all statu duiles, and I am familiar with and ac ocument is being filed merely to refle t the corporation has been notified in	l agree to act in this capacity, tas relative to the proper and comp scept the obligation of my position of a change in the registered office	olete us registered
Signatur	The letter	05/26/2016	
If signing on behalf	f of an entity:		
-	ON, ASST. SECRETARY		
	or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE (MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAUASSEE, FL 32314 CR2E045 (03/12)

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