## F0400003874

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	And the second s	
(Dd	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Phr &c

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



## **COVER LETTER**

	ment Section n of Corporations	
SUBJECT: M	axim Mortgage Corp. (Name of Cor	poration)
DOCUMENT I	NUMBER: F0400003874	
The enclosed St	atement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	o the following:
	Dana Walker (Name of Conta	act Person)
	US CorpWorks Inc.	ipany)
	1638 Pennsylvania Street (Addres	
	Denver, CO 80203 (City/State and	Zip Code)
For further infor	mation concerning this matter, please cal	l:
Dana Walker	Name of Contact Person)	at (303) 393-8800 (Area Code & Daytime Telephone Number)
Enclosed is a \$3	5.00 check made payable to the Departme	ent 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2006

US CORP WORKS INC. AN AFFILIATE OF NATIONAL REGISTERED 1638 PENNSYLVANIA STREET DENVER, CO 80203

SUBJECT: M2 LOANS CORP. Ref. Number: F04000003874

We have received your document for M2 LOANS CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Letter Number: 906A00058808

Sylvia Gilbert Document Specialist

Planes in the part decountry, along a bit in the city of the same when it is easier of the property of the city of

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes hange is submitted for a corporation organized under the laws of the State of $\frac{TX}{dt}$ der to change its registered office or registered agent, or both, in the State of Florida.		_
1. The name of t	f the corporation MO LOANS CORP.		
	al office address: 1431 Opus Place, Suite 410		
Downer's	's Grove, IL 60515		
3. The mailing a	g address (if different):	<del>.</del>	
4. Date of incorp	prporation/qualification: 1/29/2001 Document number: F0400003	874	
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State:		
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324	35. <b>30</b>	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	CRETAR	-
	NRAI Services, Inc.	2 7 2 7	Property
	2731 Executive Park Drive, Suite 4	PH 4:	
	(P.O. Box NOT acceptable)	200	
	Weston, FL 33331		
The street addre	ress of its registered office and the street address of the business office of its regis ll be identical.	tered ager	ıt,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	· so	
(Signafu	Andrew Trakszelis, President (Printed or typed name and title)		<del>-</del>
I hereby accept I further agree t of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity, eto comply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligation of my position as registered agent eing filed merely to reflect a change in the registered office address, I hereby confined in writing of this change.	performan t. Or, if th irm that th	ice his he
V. (Sig	Signature of Registered Agent) 9/2400 (Date)		-
```	pehalf of an entity:		
	lirrione, Asst. Secretary (Typed or Printed Name)		

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