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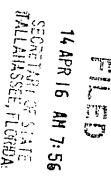
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1				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
a contract of a ming of moon				

Office Use Only



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04/16/14--01023--012 **35.00



APR 2 3 2014

C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: April 14, 2014

Order#: 085947-005

Re: PERL MORTGAGE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502 ange is submitted for a corporat or to change its registered office	ion organized under the la	tws of the State of	<u>IL</u>	
1. The name of	the corporation: PERL MORTG	AGE, INC.			
	office address:LMONT AVE, CHICAGO IL 60	618			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 07/27/20	004 Document	number: <u>F04000</u>	004295	•
	d street address of the current re rtment of State: (If resigned, en		red office on file w	vith the	
	C T CORPORATION SYSTE	М			
	1200 SOUTH PINE ISLAND I	ROAD			
	PLANTATION	FL	33324		
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) ar	nd /or registered of	ffice	
	Corporation Service Compan	у		-	
	1201 Hays Street		•		
	P. Tallahassee	O. Box NOT acceptable	32301	TECS TA	•
					Ĩ.
The street address changed will	ess of its registered office and to be identical.	the street address of the b	usiness office of i	ts registered agent,	7]
Such change wanthorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of s been notified in writing	directors or by an of the change.	officer so	7
Sman	ire of afficer or director		Vice President	· · · · · · · · · · · · · · · · · · ·	
I herein accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mer that the corporation has been on Service Company	agent and agree to act in of all statutes relative to to vith and accept the obliga ely to reflect a change in t	this capacity. he proper and con tion of my position the registered office	nplete n as registered	
<u>ву: Д</u>	vace Cokubile	04/11/2014	Date	 	
	enature of Registered Agent chalf of an entity:		Date		
	, Assistant Vice President				
	yped or Printed Name				

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