

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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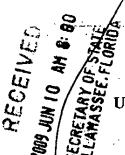
From:

Account Name : BUSINESS FILINGS

Account Number: 105256001620

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REGISTERED AGENT CHANGE

NITED COMMUNITY MORTGAGE CORPORATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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

Pursuant to the	e provisions of sections 607.0502	?, 617.0502, 607.1508, or 617.1508, Flo	rida Statutes,
this statement o	f change is submitted for a corpor	ration organized under the laws of the Sta	te of Ex. 3
New Jersey	in order to change its regi	istered office or registered agent, or both	, in the State
of Florida.			
1. The name of	the corporation: United Communit	ty Mortgage Corporation	SE 5
	office address: 35 Broad Street, I		
3. The mailing	address (if different):		RD ω
4. Date of incor	porution/qualification: 9/3/2004	Document number. F0400	00005113
	d street address of the current reginatering the current reginatering of State:	stered agent and registered office on file	with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	ND	
	PLANTATION FL 33324		
6. The name as changed):	_	stered agent (if changed) and /or registe	red office (if
	Business Filings Incorporated		
•	1203 Governors Square Blvd, Suit		
	(P.O. Box or personal Tallahassee, FL 32301-2960	I mailbox NOT acceptable)	
		e street address of the business office of i	
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so
-///	r, stairman or vice chairman of the board)	Edward W. Kenmure III, President (Proted or typed name and title)	
(Seminut of a fortice I hereby accept I further agree performance of registered ager office address,		gent and agree to act in this capacity. all statutes relative to the proper and co h and accept the obligation of my positic filed merely to reflect a change in the reg ation has been notified in writing of this	mplete on as istered change.
	Milia	(Date)	
2)	Signature of Registered Agent)	(Date)	
If signing on bcha Mark Williams	ii oi an entity:	AVP	
	Typed or Printed Name)	(Capacity)	

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

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

7ax Gedut# 4090001381343