F04000006648

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL.
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

April 19, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Associated Mortgage Bankers, Inc.

Statement of Change of Registered Office or Registered Agent or Both for Limited

Liability Company

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned Associated Mortgage Bankers, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Wendi M. Cook

National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section Division of Corporations			
·			
SUBJECT: ASSOCIATED MORTGAGE BANKERS	, INC		
(Name of Corporation)			
DOCUMENT NUMBER: F04000006648			
The enclosed Statement of Change of Registered Office/Agent and	fee are submitted for filing.		
Please return all correspondence concerning this matter to the follo	owing:		
Mandi M. Carl			
Wendi M. Cook (Name of Contact Person	<u> </u>		
(Ivalie of Contact I cison	.,		
National Registered Agents, Inc.			
(Firm/Company)			
11600 College Boulevard, Suite 210			
(Address)			
Overland Park, KS 66210			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Wendi M. Cook at (800	\ 550.672 <i>4</i>		
(Name of Contact Person) (Area) 550-6724 a Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address	August A d'alument		
Amendment Section A	treet Address: Amendment Section		
Division of Corporations D	Division of Corporations		
-	Clifton Building		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address: Amendment Section Division of Corporations		

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of New York	
in order	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: ASSOCIATED MORTGAGE BANKERS, INC	
2. The principal	office address:AN AVENUE SUITE 5 RONKONKOMA NY 11779	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 11-22-04 Document number: F0400006648	
	street address of the current registered agent and registered office on file with the trment of State:	
	LAW OFFICE OF ERIC BRONFELD, P.A.	
	LAW OFFICE OF ERIC BRONFELD, P.A. 300 S.E. 14TH STREET	
	FORT LAUDERDALE FL 33316 US	ロコ
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	_
	NRAI Services, Inc.	
	2731 Executive Park Drive, Suite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331	
The street address as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
Billi (Signatur	200 Phillips - Sc. VP (Printed by typed name and title)	
I hereby accept to a further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
By: Wen	Mich Servics, Inc. NRAI Servics, Inc. (Date)	
If signing on bel	half of an entity:	
	ook, Assistant Secretary yped or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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