

MAY-24-2012 12:50
Division of CorporationsP.01
Page 1 of 1**Florida Department of State**
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000136832 3)))



H120001368323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sami.mone@ambmortgage.com

REGISTERED AGENT CHANGE
ASSOCIATED MORTGAGE BANKERS, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2012 MAY 24 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDARECEIVED
12 MAY 24 PM 12:59
TALLAHASSEE, FLORIDA

MAY-24-2012 11:50

P.02



May 23, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASSOCIATED MORTGAGE BANKERS, INC
600 OLD COUNTRY ROAD
SUITE 207
GARDEN CITY, NY 11530

SUBJECT: ASSOCIATED MORTGAGE BANKERS, INC
REF: F04000006648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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

There is no period behind Inc in the name of your corporation.

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) 245-6030.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000136832
Letter Number: 412A00015039

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 24 AM 8:25
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

P.O BOX 6327 - Tallahassee, Florida 32314

MAY-24-2012 11:50

P.03

Fax Audit #: H12000136832 3

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Associated Mortgage Bankers, Inc
2. The principal office address: 600 Old Country Road Suite 207, Garden City, New York 11530
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/22/2004 Document number: F04000006648

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.
515 E. Park Avenue
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated
515 E. Park Avenue, Tallahassee, Florida 32301

P.O. Box (NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
 Signature of an officer or director

Donald E. Moran, President

Printed or Typed Name and Title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

Signature of Registered Agent

7th day of May, 2012

Date

If signing on behalf of an entity:

Mark Williams, AVP

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2ED15 (8/05)

Fax Audit #: H12000136832 3

TOTAL P.03

FILED
 2012 MAY 24 PM 3:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA