Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

Fax Number : (608)827-5501

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REGISTERED AGENT CHANGE INLANTA MORTGAGE, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

JAN 23 2017

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

statement of che	mge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Wisconsin	
		dstered agent, or both, in the State of Florida.	
1. The name of	the corporation: INLANTA MORTGAC	ie, inc.	
2. The principal	office address: W239 N3490 Pewaukee	e Road Suite 200, Pewaukee, Wisconsin 53072	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2/1/2005	Document number: F05000000731	
5. The name and Florida Depart	d street address of the current registers runent of State: (If resigned, enter resi	ed agent and registered office on file with the gued)	
	CORPORATION SERVICE COMPANY		2017
	1201 HAYS STREET TALLAHASSEE, FL 32301		JAN 2
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	0 AH 8
	Business Filings Incorporated		ထူ 37
	1200 South Pine Island Road		_
	P.O. Box 1 Plantation, Florida 33324	NOT acceptable	
The street address changed will	ess of its registered office and the stro be identical.	eet address of the business office of its registered agent.	
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
Muk	ore of an officer or director	Mark Williams, Vice President Pranted or typed same and take	
_		and agree to act in this capacity totutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I d in writing of this change.	
Mahll		20th day of January, 2017	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:	·	
Mark Williams, A	AVP	•	
T	yped or Printed Name	•	
		FEE: \$35.00 * * *	
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO F AIL TO: DIVISION OF CORPORATIONS,	LORIDA DEPARTMENT OF STATE P.O. Box 6327, TALLAHASSEE, FL 32314	

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