F05000005569

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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



400066646074

OFFEB 27 PM 3:45

02/27/06--01024--007 **280.

CA+RO Change 03/06/06

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Residential	Mortgage S	olutions.	Inc.	
		(Name of Corpor	ation)		
DOCUMENT NU	MBER: Fo50	000005569			
The enclosed States	ment of Change of Regi	istered Office/Age	ent and fee are su	abmitted for filing.	
Please r e turn all co	rrespondence concernin	ng this matter to th	e following:		
	Guillermo A	Ternun de	Person)		
-	Residential M	Mostany S (Firm/Compa	olutions, I	Tre	
.c	Pall Foses+ De	(Address)			
	Columbia SC	29304 City/State and Zip	Code)		
For further informa	tion concerning this ma	atter, please call:			
Covillemo f	femender me of Contact Person)	at	(Area Code &	733-0988 Daytime Telephone	e Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 South Carolina order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the	corporation:	Residential	Mortqaqe S	olutions.	Inc. of South Car
2. The principal of	fice address:	2611 Forest	Drive, Sui	te 117	
		Columbia, So	29204		
3. The mailing add	ress (if diff ere n				
4. Date of incorpor	ation/qualificat	ion: 9/22/05	Document r	number: F050	00005569
5. The name and st Florida Departm		the current registered	agent and registere	d office on file wi	ith the
	John D.	<u> Hatch</u>			
_	840 S.E.	5th Street			_
_		T. 34471			SECRE VISION
6. The name and state (if changed):	reet address of	the new registered ag	ent (if changed) and	l /or registered of	3 627
_	John	D. Hate	h, P.C.	The same	ORPORA ORPORA
	1267 Ber	<u>kshire Lane</u>			
	Tarpon S	(P.O. Box NOT acceptable prings, FL 3	•		early 3/1996
The street address as changed will be	of its registere identical.	d office and the stree	et address of the bu	siness office of it	- 14009
Such change was a authorized by the b	uthorized by rooard, or the co	esolution duly adopt proporation has been n	ed by its board of o	lirectors or by an	officer so
a sentire o	an ethicer or direc	(a)	Gui	lemo Hema	nder VP
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	rappointment of comply with the am familiar willed merely to ten notified in v	as registered agent a e provisions of all sta ith and accept the ob reflect a change in t writing of this chang	nd agree to act in the stutes relative to the stutes relative to the stutes of my possible registered officient.	this capacity e proper and con ition as registere e address, I herel	nplete performance d agent. Or, if this by confirm that the
<u> </u>	S. Wil	<u> </u>) - 06 (Date)	
If signing on behal	re of Registered Ag f of an entity:	ora <i>)</i>		(Date)	_
John D. H	atch	<u> </u>			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)