

Apr 6 2016 12:36 PM

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F06000001483

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE ALL ISLAND MORTGAGE & FUNDING CORPORATION

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL ISLAND MORTGAGE & FUNDING CORPORATION

Name of Corporation

DOCUMENT NUMBER: F06000001483

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB SCHIANO

Name of Contact Person

ALL ISLAND MORTGAGE & FUNDING CORPORATION

Firm/Company

496 RT 347 SUITE 308

Address

SMITHTOWN, NY 11787

City/State and Zip Code

aimfc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

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

CR2B045 (03/12)

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**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 NY*

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

1. The name of the corporation: ALL ISLAND MORTGAGE & FUNDING CORPORATION
2. The principal office address: 496 RT 347, SUITE 308 SMITHTOWN, NY 11787
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/06/2006 Document number: F06000001483

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)

LINDA KUEBIER

2067 WATSON TERRACE

THE VILLAGES, FL 32162

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

URS AGENTS, LLC

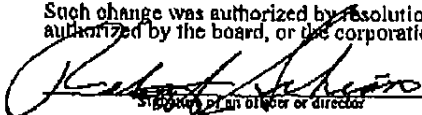
3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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 of an officer or director

Robert Schiano, Pres.

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 of Registered Agent

2/16/2016

Date

If signing on behalf of an entity:

Kanetha Bishop, Assistant Secretary

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B0-13 (03/12)