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## REGISTERED AGENT CHANGE UNITED FUNDING MORTGAGE CORP

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Electronic Filing Menu

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6/1001

## (((H10000130488 3)))

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.					<del></del>
	ige us registered office or registered agen the corporation:	ns, or bosh, in the state of F	ioriaa.		
	•	ling Mortgage Corp.	•		
2. The principal	office address:		•	· · · · · · · · · · · · · · · · · · ·	
6485 SHI	LOH ROAD, BLDG. B, SUITE 102	ALPHARETTA	GA.	30005	
3. The mailing a	ddress (if different):				
4. Date of incom	poration/qualification: 3/16/2006	Document number:	F060000	0001699	
5. The name and Florida Depar	l street address of the current registered at timent of State:	gent and registered office o	n file with the	TAL	<b>.</b>
•	BUSINESS FILIN	GS INCORPORATED		■	<b>=</b>
	1203 GOVERNORS S	QUARE BLVD., STE. 10	1	\$5.54 \$2.54	7 F
	TALLAHASSEE	FL	32301		
6. The name and (if changed):	street address of the new registered agen	ut (if changed) and /or regist	ered office	STATE FLORID	15: 16 17: 16
	National Corporat	e Research, Ltd., Inc.			
	515 East !	Park Avenue			
	(P.O. Box N	(OT acceptable)	•		-
	Tallahassee	Florida	32301		
Such change way	ss of its registered office and the street a be identical. s authorized by resolution duly adopted a board, or the corporation has been not	by its board of directors of	or by an officer so		
The state of the s		Krinheri	A. A. Arter	Vice P	esident
di di	enature of an afficer of director)	(Printe	or typed name and title	:)	<u></u>
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and o comply with the provisions of all status I I am familiar with and accept the obli- g filed merely to reflect a change in the been notified in writing of this change.	i agree to act in this capai des relative to the proper i gation of my position as re registered office address,	city. and complete perf egistered agent. ( I hereby confirm	formance Or, if this that the	
/stoleval	Petrona Var Assish Second Signature of Registered Agent)	rela5/2	9/10 (Date)	<del></del>	_
	alf of an entity:				
If signing on beh	<b>-</b> -				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)