## 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.

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H160000007293ABC7

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

## REGISTERED AGENT CHANGE REVERSE MORTGAGE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

16 JAN -4 AM 9: 28
SECRETARY OF STATE
AND A HANSSEE, FLORIDA



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Help

A RAMSEY

## **COVER LETTER**

Division o	f Corporations	
REVE	RSE MORTGAGE SOLUTIONS, INC.	
SCHOOL I.	Name of Cor	poration
DOCUMENT NU	F07000001520 MBER:	
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter t	o the following:
		•
_	Name of Conta	ct Person
Firm/Company		pany
	Addres	s
	City/State and	Zip Code
		•
	E-mail address: (to be used for futu	re annual report notification)
	E-man address, (to be used for full	ne annual report notifications
For further informa	tion concerning this matter, please cal	:
		at () Area Code & Daytime Telephone Number
Nan	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Departme	ent of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

1/4/2016 11:41:23 AM From: To: 8506176380( 3/3 )

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

	•	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of $\overline{ ext{DE}}$	utes, this		
in ord	der to change its registered office o	or registered agent, or both, in the State of Flori	ida.		
1. The name o	f the corporation: REVERSE MOR	rgage solutions, inc.			
2. The principa	al office address: 14405 Walters Ros	ad Suites 110, 200, 300, 400 and 500 Houston, TX	77014		
	o/o Ditock Fi			<del></del>	
	address (if different): cro Difeen Fi	nancial LLC, 1400 Landmark Towers		<del> </del>	-
	······································				_
4. Date of inco	rporation/qualification: 03/19/2007	Document number: F07000001520	U	<del></del>	
	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	ie		
	REGISTERED AGENT SOLUTION	ONS, INC.			
	155 OFFICE PLAZA DRIVE, SU	ITE A, TALLAHASSEE, FL 32301	TAL	<b>3</b>	ė.
			LA:CS:	16 JAN	
6. The name an (if changed):		red agent (if changed) and for registered office	TAKE C	1-1, AM	e agus
	C T Corporation System		- F.S.	ें जह	
	c/o C T Corporation System, 1200	South Pine Island Road	STATE	2	
		Box NOT acceptable	>		
	Plantation, Florida 33324				
as changed will	be identical/	street address of the business office of its regi	•	ent,	
Such change wa authorized by the	as authorized by resolution duly a he hourd, broke corporation has b	dopted by its board of directors or by an office een notified in writing of the change.	r so		
	1	Jennifer Kurz, Vice President			
_	inf of an officer or director	Printed or typed name and title			
further agree performance of agent. Or, if the bereby confirm	for comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ent and agree to act in this capacity, ill statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office add lifted in writing of this change.	gistered ress, I		
	poration System	12/17/2015			
• -	Alfred	Younan		-	
f signing on be	half of an entity: Assistant	t Secretary			
Ϋ́	yped or Printed Name				
•,	At the second second				

\* \* \* 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 (03/12)