FAXDE Corporations 10/27/2009 9:06:01 AM PAGE Fax Servere 1 of 1 1/002



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To:

Division of Corporations

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: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 : (850)521-1000 Phone Fax Number (850) 558-1575



REGISTERED AGENT CHANGE

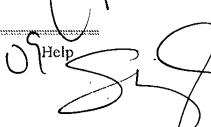
SB MORTGAGE GROUP, INC.

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat unge is submitted for a corporation organized under the laws of the State of Mat		
	er to change its registered office or registered agent, or both, in the State of Flor		
1. The name of	the corporation: SB MORTGAGE GROUP, INC.		_
2. The principal	430 Main Street, 1st Floor, Agawam, MA 01001		
3. The mailing a	address (if different):		- -
4. Date of incorp	poration/qualification: 02/08/2008 Document number: F080000000	506	_
	d street address of the current registered agent and registered office on file with triment of State:	the	
	C T Corporation System		
	1200 South Pine Island Road	785 745	
	Plantation, FL 33324	S OCT	"]] ~~~~
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2009 OCT 2:7 PH II: 53 TALLAHASSEE, FLORID	T
	Corporation Service Company	五名	C
	1201 Hays Street	253	
	(P,O. Box NOT acceptable)	D	
,	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its r l be identical.	egistered agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of he board or the corporation has been notified in writing of the change.	ficer so	
	Steven Solven Jr	Preside +	
	we of an officer or among) Stevan Saking 5 (Printed or typed name and title		
corporation nat	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compl nd I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby a s been notified in writing of this change.	ete performance igent. Or, if this confirm that the	
By: Lyon	n Service Company (0/21/0 9 (grature of Registered Agent) (Date)		
If signing on be	ehalf of an entity:		
	wson, Asst. Vice President	•	
	Typed or Printed Name)		
	* * * 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)