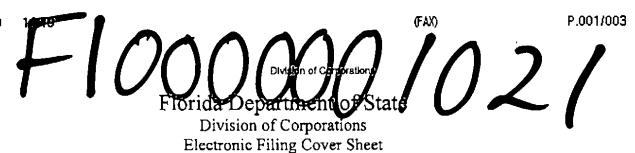
1/11/2019



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.

(((H19000013266 3)))



H190000132663ABC

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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.

Email Address:___

REGISTERED AGENT CHANGE MEADOWBROOK FINANCIAL MORTGAGE BANKERS CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: F1000001021

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:

DONATO NICOLO

Name of Contact Person

MEADOWBROOK FINANCIAL MORTGAGE BANKERS CORP.

Firm/Company

1600 STEWART AVE., STE 701

Address

WESTBURY, NY 11590

City/State and Zip Code

tcalvo@mfmbankers.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

CR2E045 (03/12)

CR2E045 (03/12)

(((H19000013266 3)))

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

| in orde | ange is submitted for a corporation organi or to change its registered office or register | red agent, or both, in the State of Flo | orida. | , |
|--|--|--|--------------------------------------|------------------|
| 1. The name of | the corporation: MEADOWBROOK F | -INANCIAL MORTGAGE BI | ANKERS CORP | <i>.</i> |
| | office address: 1600 Stewart Aven /, NY 11590 | ue, Suite 701 | | - |
| 3. The mailing | address (if different): | | | _ |
| 4. Date of incor | poration/qualification: 03/01/2010 | Document number: F10000 | 001021 | <u>-</u> - |
| | d street address of the current registered agurment of State: (if resigned, enter resigned | | ı the | |
| | NRAI SERVICES INC | | | |
| | 1200 SOUTH PINE ISLAND | ROAD | | |
| | PLANTATION, FL 33324 | | | |
| 6. The name an (if changed): | ed street address of the new registered agen | at (if changed) and /or registered office | c c | |
| | URS AGENTS, LLC | | 2019 SE(| |
| | 3458 LAKESHORE DRIVE | | 2019 JAN SECRET | |
| | P.O. Base NOT TALLAHASSEE, FL 32312 | acceptible | <u> </u> | - |
| | | | Δ. σ. | Lakel A |
| as changed wi | | | mi _{co} | |
| Such change v authorized by | vas authorized by resolution duly adopted the board, or the corporation has been not | by its board of directors or by an or lifted in writing of the change. | Micer## | |
| Done | to Mitolo | Donato Nicolo, President | m + | |
| Signa I harabu gacas | ture of an oliker of effective | d gorse to got in this congcity. | | |
| I further agree performance of agent. Or, if the hereby confire | of the appointment as registered agent and to the comply with the provisions of all state of my duites, and I am familiar with and a this document is being filed merely to reflem that the corporation has been notified in | ules relative to the proper and composers the obligation of my position as it accepts the collection of the collection of the collection of the collection of the collection writing of this change. | elete as registered address, I | |
| <u>-</u> K, | ignature of Registered Agent | 1-11-14 Dem | | |
| If signing on b | ochalf of an entity: | | | |
| Kenetha Bish | op, Asst. Secretary | | | |
| | Typed or Printed Name * * * PILING PE | 1R+ \$35.00 + + + | | |
| | MAKE CHECKS PAYABLE TO FLO | RIDA DEPARTMENT OF STATE | | |
| 1 | MAIL TO: DIVISION OF CORPORATIONS, P. | O. Box 6327, Tallahassee, Fl 32 | 314 | |