

F 100000003940

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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DEC 03 2012  
T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mid America Mortgage, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F10000003940

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:

Michael Crouse

Name of Contact Person

AM Licensing

Firm/Company

805 Country Club Dr

Address

Heath, TX 75032

City/State and Zip Code

mcrouse@amlicensing.com

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

For further information concerning this matter, please call:

Michael Crouse

Name of Contact Person

at ( 469 ) 688-8441

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

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

1. The name of the corporation: Mid America Mortgage, Inc.

2. The principal office address: 15301 Spectrum Drive #405 Addison, TX 75001

3. The mailing address (if different): 15301 Spectrum Drive #405 Addison, TX 75001

4. Date of incorporation/qualification: 09/01/2010 Document number: F10000003940

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

FILED STATE  
SECRETARY OF CORPORATIONS  
12 NOV 30 PM 12:01

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301


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

Jeffrey E Bode - President  
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

11/29/2012  
Date

If signing on behalf of an entity:

Michael Crouse - Asst Secretary  
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