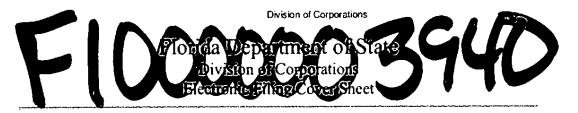
2021 JUN 18 AM 6:

6/18/2021



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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| Ta | ٠ |  |
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|    |   |  |

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888) 795-7274

Fax Number

: (888)706-7274

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

| Emai | 1 / | Add | re: | SS | ; |
|------|-----|-----|-----|----|---|
|      |     |     |     |    |   |

## REGISTERED AGENT CHANGE MID AMERICA MORTGAGE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

JUN 2 1 2021

S. PRATHER

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Corporate Filing Menu

Help

H210002406123

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |   |
|--|---|
| Name of Corporation                              | IORTGAGE, INC.  |
| DOCUMENT NUMBER: F 100000                        | 03940   |
| The enclosed Statement of Change of Registere    |   |
| Please return all correspondence concerning this |   |
| Mary Castillo                                    |   |
| Name of Contact Person                           |   |
| Registered Agent Solutions, Inc.                 |   |
| Firm/Company                                     |   |
| 1701 Directors Blvd, Suite 300                   |   |
| Address  |   |
| Austin, Texas 78744                              |   |
| City/State and Zip Code                          |   |
| E-mail address: (to be used for future annua     | al report notification)                                   |
| For further information concerning this matter,  | please call:  |
| Mary Castillo                                    | at (888 ) 705-7274  Area Code & Daytime Telephone Number  |
| Name of Contact Person                           | Area Code & Daytime Telephone Number                      |
| Enclosed is a \$35.00 check made payable to the  | e Department of State.                                    |
| Mailing Address: Amendment Section               | Street Address: Amendment Section                         |
| Division of Corporations                         | Division of Corporations                                  |
| P.O. Box 6327                                    | The Centre of Tallahassee                                 |
| Tallahassec, FL 32314                            | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |

CR2E045 (04/13)

H210002406123

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

|                                    | er to change its registered office or   | registered                | d agent, or bo                      | th, in the S            | State of Ohio<br>State of Florida.           |  |             |
|------------------------------------|---|---------------------------|-------------------------------------|-------------------------|--|--|-------------|
|                                    | the corporation: MID AMERIC   |                           |                                     | NC.                     | <u>.                                    </u> |  |             |
|                                    | office address: 6945 MORSE  | AVE 22                    | 24                                  |                         |  |  |             |
| JACKSO                             | NVILLE, FL 32244  |                           |                                     | _                       |  |  |             |
|                                    | address (if different):   |                           |                                     |                         | E 1 00000030                                 | 40                                       |             |
| 4. Date of incor                   | poration/qualification: $9/1/2010$  | )<br>                     | Document                            | number:                 | F 100000039                                  | 40                                       |             |
|                                    | d street address of the current regis<br>rtment of State: (If resigned, enter   |                           | nt and register                     | ed office o             | on file with the                             |  |             |
|                                    | BROOKS, DONDRI  | CK D                      |                                     |                         | ·-·  |  |             |
|                                    | 6945 MORSE AVE  |                           | 224                                 |                         |  |  |             |
|                                    | JACKSONVILLE,   |                           | FL                                  | 3224                    | 4  | <u>1</u>                                 |             |
| 6. The name an<br>(if changed):    | d street address of the new register  Registered Agent So   |                           |                                     | nd/or regi:             | stered office                                | ALL AHASS                                | 2021 JUH 18 |
|                                    | 155 Office Plaza Dr.  |                           | Suite A                             |                         |  | <u>ن</u><br>بيار                         |             |
|                                    | 133 Office Flaza Dr.  | P.O. Box No               | OT acceptable                       |                         |  | FL6                                      | Att 8:      |
|                                    | Tallahassee   | FL                        | 3230                                | 1                       |  | <b>30</b>                                | :<br>კ<br>8 |
| The street addr<br>as changed wil  | ess of its registered office and the lbc identical.   | street add                | dress of the b                      | usiness of              | fice of its registe                          | ered agent,                              |             |
| Such change wanthorized by t       | as authorized by resolution duly a<br>he board, or the corporation has b  | adopted b<br>seen notifi  | y its board of<br>led in writing    | directors<br>of the cha | or by an officer singe.                      | so                                       |             |
| Ist Steven (                       | Pook  |                           | Steven Co                           |                         | Compliance D                                 | irector                                  |             |
| I hereby accept<br>I further agree | the appointment as registered as<br>to comply with the provisions of<br>ad I am familiar with and accept<br>ing filed merely to reflect a chans<br>s been notified in writing of this c | all statute<br>the obliga | gree to act in<br>s relative to the | this capa<br>he proper  | and complete pe                              | erformance<br>Or, if this<br>on that the |             |
| Hod                                | enature of Registered Agent   |                           | 06/18/202                           | 1                       |  |  |             |
| Si                                 | enature of Registered Agent   |                           |                                     | Date                    | ·  |  |             |
| If signing on be                   | ehalf of an entity:   |                           |                                     |                         |  |  |             |
|                                    |   |                           |                                     |                         |  |  |             |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)