

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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R. WHITE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: November 27, 2019

Order#: 052174-006

Re: AMERICAN MORTGAGE & EQUITY CONSULTANTS, INC.

Enclosed please find:

XX \_ Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_\_.

Please take the following action:

XX \_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_ Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of MN 2 or registered agent, or both, in the State of Florida.	: 
1. The name of	the corporation: AMERICAN M	ORTGAGE & EQUITY CONSULTANTS, INC.	
	l office address: RO BLVD, STE 600 EDINA MN	55439	
3. The mailing a	address (if different): 7760 Fran	nce Ave. South #1010, Bloomington, MN 55435	
4. Date of incor	poration/qualification: 05/06/2	013 Document number: F13000001966	
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	CT CORPORATION SYSTE	м	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	D - 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Compar	iy	J
	1201 Hays Street		7
	Tallahassee	O Box NOF acceptable  FL 32301	
		FL 32301	
The street addr as changed wil	ess of its registered office and l be identical.	the street address of the business office of its registered	agent,
Such change w authorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
Lie ,	8. Cionie	Jill Cilmi, Vice President	
	ure of an officer or director	Printed or typed name and title	-
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions f my duties, and I am familiar v his document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registere ely to reflect a change in the registered office address, I notified in writing of this change.	ed
Ву:	maco CKubly gnature of Registered Agent	11/27/2019	<u></u>
	chalf of an entity:	Dute	
Grace E. Kirby	, Assistant Vice President		
	Typed or Printed Name	<del></del>	

\* \* \* FILING FEE: \$35.00 \* \* \*