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.

(((H22000230799 3)))



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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 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.

Email Address:_____

REGISTERED AGENT CHANGE GLENDENNING MORTGAGE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER

JUN 07 2022

COVER LETTER

Amendment Section Division of Corporations TO:

15129570210

SUBJECT: Name of Corporation	
DOCUMENT NUMBER: F130000024	37
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Joshua Murphy	at (888) 705-7274
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of cha	provisions of sections 607.0502, 613 nge is submitted for a corporation or r to change its registered office or r	organized i	ınder the lav	vs of the State of <u>1</u>	New Jerse		
The name of t The principal	the corporation: GLENDENNIN office address: 81 E WATER	IG MOR ST SUI	TGAGE TE 3A T	CORPORATI OMS RIVER	ON , NJ 087	753	
_	ddress (if different):			E13000	1002427		
 Date of incorp 	poration/qualification: 6/5/2013		Document i	number: F13000	002437		
	I street address of the current registe timent of State: (If resigned, enter re		and registere	d office on file wit	h the		
	BLUMBERGEXCELSIOR C	ORPOR	ATE SER	VICES, INC.			
	155 OFFICE PLAZA DR		1ST I	FL			
	TALLAHASSEE,		FL	32301	un VIII	202	
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		338.	AM 9:	-
	Tallahassee	O, Box NOT	3230	1	TAKE	: 7	
	ess of its registered office and the s be identical.					l agent,	
authorized by the	as authorized by resolution duly ad ne board, or the corporation has bee	en notified	in writing o	of the change.	officer so		
⊌ John I		Joh	n N. Hale	·	CEO		
hereby accept further agree of my duties, an locument is bei corporation has	the appointment as registered age to comply with the provisions of al- d I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	l statutes r e obligatio in the regi	ee to act in a elative to the	e proper and com ition as revistered	plete perfo agent Oi	rmance r, if this that the	
Hocken	3 dt	07	7/06/2022	2			
Sig	nature of Registered Agent			Date			
If signing on be	half of an entity:						
Mackenzie Hart,	Assistant Secretary						
T	yped or Printed Name * * * FILIN	^ EEE. C	15 AA + + +				

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