# F140000000997

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(Address)						
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(City/State/Zip/Phone #)						
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SECRETARY OF STATE TALLAHASSEE, FLORID,

0CT 2 8 2014 T. CARTER

RA/RO Change

#### **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: CENTERLINE MORTGAGE CAPITAL INC. Name of Corporation DOCUMENT NUMBER: F14000000997 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: Myra Simmons
Name of Contact Person Capitol Services Registered Agent Department Firm/Company 800 Brazos Ste 400 Address Austin, TX 78701
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 345-4647
Area Code & Daytime Telephone Number Myra Simmons Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

### 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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.								
1. The name of the corporation: CENTERLINE MORTGAGE CAPITAL INC.								
2. The principal	l office address: 100 Chu	urch Street, 15th F	loor					
New York	, NY 10007							
3. The mailing	address (if different):							
4. Date of incor	poration/qualification: 2/	28/2014 Do	ocument number: F14	1000000997				
	d street address of the current of State: (If resigne		registered office on file	e with the				
	C T Corporation Sy	stem		<u></u>				
	1200 South Pine Island Road							
	Street Address Plantation	FL	33324					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):								
	Capitol Corporate S	Services, Inc.		_				
	155 Office Plaza Dr	rive, Suite A P.O. Box NOT acceptable						
	Tallahassee	FL	32301					
The street addr	city ess of its registered office l be identical.	State	Zip Code	f its registered agent,				
Such change wauthorized by t	as authorized by resolution he board, or the corporation	n duly adopted by its been notified in	oard of directors or by writing of the change.	an officer so				
	I mith	Su:	Sanne Smith, A	Asst. Secretary				
1 1 ~ (	t the appointment as regis to comply with the provis f my duties, and I am fami his document is being filed that the corporation has	tered agent and agree t ions of all statutes rela liar with and accept the merely to reflect a cha been notified in writing		•				
Dlla	nic Case		9.Z9.1	4				
If signing on be	chalf of an entity:		•					
	se, Asst. Secretary of	on behalf of Capito	l Corporate Servi	ces, Inc.				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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

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

statement of ch	provisions of sections 607. ange is submitted for a corper to change its registered o	ooration organized ur	nder the laws of the Stat	te of <u>DELAW</u>	₹RE	
1. The name of	the corporation: CENTE	ERLINE MOR	TGAGE CAPIT	AL INC.		
	l office address: <u>100 Chu</u> k, NY 10007		Floor			_
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 2/2	28/2014	Document number: F	14000000997	7	_
	nd street address of the curre artment of State: (If resigned		nd registered office on f	ile with the		
	C T Corporation Sys	stem		<del></del>		
	1200 South Pine Isl	and Road			7	ZAZ S
	Street Address Plantation	FL	33324		CT	LLA ECR
6. The name an (if changed):		• •	Zip Code nanged) and /or register	red office	HA 41	TARY OF HASSEE, F
	Capitol Corporate S  155 Office Plaza Dr  Sureet Address		sle	<u> </u>	2: 19	STATE LORIDA
	Tallahassee	FL	32301			
The street addr as changed wil	city ress of its registered office Il be identical	state and the street addres	zip Code s of the business office	e of its registered a	gent,	
	vas authorized by resolution the board, or the corporation					
NO Signal	u mith	9	Usanne Swith,	Asst. Secret	ary	
Thereby accept further agree performance of agent. Or, if the hereby confirm	of the appointment as regist to comply with the provisi if my duties, and I am famil his document is being filed in that the corporation has	tered agent and agre ions of all statutes re liar with and accept merely to reflect a c been notified in writi	e to act in this capacit lative to the proper an the obligation of my po hange in the registered ng of this change.	v. d complete sition as registered d office address, I	1	٠
Dua	nie Case		9.29.	14		
Si	ignature of Registered Agent		Date			
If signing on b	ehalf of an entity:					
	se, Asst. Secretary of Typed or Printed Name	<u>n beh</u> alf of Capi	tol Corporate Ser	vices, Inc.		

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)

Return acknowledgment to: 5W

Capitol Services, Inc.
PO. Box 1831 Austin, TX 78767



#### Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 10/8/2014 FLORIDA

REP UNIT: CENTERLINE MORTGAGE CAPITAL

INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #25421 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767