F1500000914

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

· · .





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11/02/20--01011--003 **35.00

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 29, 2020

Order#: 484827-008

Re: HOMESPIRE MORTGAGE CORPORATION

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: Erika Zavala Daza

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.

OUCA.XCOA

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

statement of cha	nnge is submitted for a corpora	2. 617.0502, 607.1508, or 617.1508, Florida Statutes stion organized under the laws of the State of MD	
		e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation:	MORTGAGE CORPORATION	
2. The principal	office address: 9711 WASHIN	GTONIAN BLVD SUITE 500, GAITHERSBURG, M	D 20878
4. Date of incor	poration/qualification: 05/05/2	015 Document number: F15000001914	,
	d street address of the current rentment of State: (If resigned, en	egistered agent and registered office on file with the tter resigned)	
	TRAC - The Registered Age	ent Company, Inc.	£ 3
	236 E 6TH AVE		E.3
	TALLAHASSEE, FL 32303		Γυ
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			7. : C::
	Corporation Service Compa	ny	<u>छ</u>
	1201 Hays Street		
		P.O Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr	ess of its registered office and be identical.	the street address of the business office of its regis	tered agent.
Such change w authorized by t	as authorized by resolution du he board, or the corporation ha	aly adopted by its board of directors or by an officer as been notified in writing of the change.	so
5) Vie & Comi	Jill Cilmi, Vice President	
- {	re of an officer or director	Printed or typed name and title	
co.po.anon	the appointment as registered to comply with the provisions and I am familiar with and acceing filed merely to reflect a ches been notified in writing of the Service Company	d agent and agree to act in this capacity. of all statutes relative to the proper and complete per the obligation of my position as registered agent ange in the registered office address. I hereby conf is change.	performanc t. Or, if this irm that the
By: ∑	oe. LKnby gnature of Registered Agent	10/29/2020	
		Date	
If signing on be	ehalf of an entity:		
	Asst. Vice President		
Ί	yped or Printed Name		
	* * * F]	ILING FEE: \$35.00 * * *	

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