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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

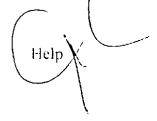
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## REGISTERED AGENT CHANGE **BETTER MORTGAGE CORPORATION**

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

statement of cha	ange is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statutes, ganized under the laws of the State of California gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Better Mortgage Corp	oration	
	Vo change		
3. The mailing a	address (if different): No change		
		Document number: F15000004685	
	I street address of the current registere truent of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
	BUSINESS FILINGS INCORPORAT	ED	201
	1200 SOUTH PINE ISLAND ROAD		2014553-5
	PLANTATION, FL 33324		ان
6. The name and (if changed):	·	agent (if changed) and /or registered office	L: 0: 21
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, Florida 33324	Box NOF acceptable	
The street addre	ess of its registered office and the str be identical.	eet address of the business office of its registe	red agent,
Such change we authorized by th	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an officer s notified in writing of the change.	0
/s/ Nicholas C	alamari	Nicholas Calamari, Secretary	
I hereby accept I further agree to of my duties, an document is bei	System (System)	Photed or typed name and title and agree to act in this capacity. statutes relative to the proper and complete pe obligation of my position as registered agent, in the registered office address, I hereby confir- ige.  02/01/2024	rformance Or, if this m that the
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
	pped or Printed Name		
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: