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(((H22000202883 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 NATION ONE MORTGAGE CORPORATION

Certificate of Status	0
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K. Brumbley

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COVER LETTER

TO:

Amendment Section **Division of Corporations**

15129570210

NATION ONE MORTGAGE

Name of Corporation

F15000005002

DOCUMENT NUMBER:

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:

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 report notification)

For further information concerning this matter, please call:

Joshua Murphy

Name of Contact Person

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)

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

statement of cha	provisions of sections 607.0502, onge is submitted for a corporation	n organizec	l under the la	ws of the State of _	New Jersey	
	r to change its registered office o					
l. The name of t	the corporation: NATION ON	E MORT	rgage co	DRPORATIO	<u>N</u>	_
2. The principal	office address:					
	iddress (if different):					
4. Date of incorp	poration/qualification; 11/12/2	015	Document	number: <u>F1500</u>	0005002	
	I street address of the current regi- timent of State: (If resigned, enter		t and registere	ed office on file wi	ith the	
	BLUMBERGEXCELSIOR	CORPO	RATE SER	VICES, INC.	_	
	155 OFFICE PLAZA DRIV	RIVE, 1st Floor				2(
	TALLAHASSEE		FL	32301	fice)22 JU
6. The name and (if changed):	I street address of the new registe			d /or registered of	Fice	
	Registered Agent Solutions, Inc.					
	155 Office Plaza Dr.		Suite A		_	19
	-)T acceptable	4	_	
	Tallahassee	FL	3230	<u> </u>	_	
	ess of its registered office and the be identical.					agent,
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has	adopted by been notifi	y its board of ed in writing	directors or by an of the change.	officer so	
s Josep	h Lang	Jo		9	President	
	in of an officer of differor the appointment as registered of to comply with the provisions of all am familiar with and accept ing filed merely to reflect a char is been notified in writing of this	agent and a fall statute t the obliga age in the r change.		ted or typed name and this capacity, the proper and consistency as registere address, I here.		mance if this out the
Hod	enature of Registered Agent		06/10/202	2		
Sig	gnature of Registered Agent			Date		
If signing on be	chalf of an entity:					
Mackenzie Hart	, Assistant Secretary					
7	Typed or Printed Name	_				
	* * * FIL	ING FEE:	\$35.00 * * *	C= =::		

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