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.

(((H23000271509 3)))



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To:

Division of Corporations

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.

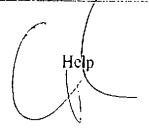
Email	Address:			
CINGTT	MUUTESS:			

REGISTERED AGENT CHANGE A-M-S MORTGAGE SERVICES, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: A-M-S MORTGAGE Name of Corporation	SE	RVICE	ES, INC.	
DOCUMENT NUMBER: F170000033	357			
The enclosed Statement of Change of Registered Offi	ice/Age	nt and fee ar	e submitted for filing.	
Please return all correspondence concerning this matt			·	
Lori Whalen				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company	-	 -		
Corporate Center One, 5301 Southwest Pkwy, Stc 400			~	
Address				
Austin, Texas 78735				•
City/State and Zip Code				:
E-mail address: (to be used for future annual repo	ort noti	fication)		
For further information concerning this matter, please	e call:			<u>ں</u>
Lori Whalen	at (888) 705-7274 & Daytime Telephone Number	_
Name of Contact Person		Area Code à	& Daytime Telephone Number	_
Enclosed is a \$35.00 check made payable to the Depa	rtment o	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)

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

	provisions of sections 607.0502, 61 page is submitted for a corporation			
	er to change its registered office or	_	•	· ———
1. The name of	the corporation; A-M-S MORT	GAGE S	SERVICES, INC.	
	d office address: 375 CHESTN			
NEWAR	K, NJ 07105	_		
3. The mailing	address (if different):	. <u>.</u>		
4. Date of inco	rporation/qualification: 7/27/201	7	Document number: F170	00003357
	d street address of the current regist artment of State: (If resigned, enter n		and registered office on file	with the
	BlumbergExcelsior Cor	porate	Services, Inc.	
	155 Office Plaza Drive, 1st	Floor		
	Tallahasse, FL 32301			
6. The name an (if changed):	d street address of the new registere	d agent (if	changed) and /or registered	office
	Registered Agent Solu	utions,	Inc.	
	2894 Remington Gree	en Ln.	Ste. A	-
		P.O. Box NOT	•	<u></u>
	Tallahassee	FL	32308	
_	ess of its registered office and the s l be identical.			
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has be	iopted by	its board of directors or by a d in writing of the change.	an officer so
	asia Kovary	A <u>N</u>	ASTASIA KOVARY	President
I hereby accept I further agree of my duties, ar document is be	ire of an officer or director I the appointment as registered age to comply with the provisions of al and I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and age Il statutes i le obligatio in the reg ange.	Printed or typed name and ree to act in this capacity. relative to the proper and co on of my position as registed istered office address, I her	
и	معنظا	0	8/04/2023	
	mature of Registered Agent		Date	
If signing on bo	chalf of an entity:			
	yped or Printed Name			
'	* * * FILIN	C FFF. ¢	35 nn * * *	
	MAKE CHECKS PAYABLE TO			
M	AIL TO: DIVISION OF CORPORATION	NS. P.O. B	OX 6327. TALLAHASSEE FI	32314