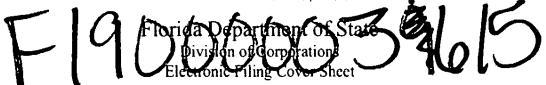
Division of Corporations



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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.\*\*

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## REGISTERED AGENT CHANGE MY MORTGAGE LENDER, INC

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## **COVER LETTER**

TO: Amendment Section Division of Corporations My Mortgage, Inc. F19000003615 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: **Zachary Ysais** Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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)

## H210002792313

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

| statement of cha  | provisions of sections 607,050<br>inge is submitted for a corporc<br>er to change its registered offic   | ation organized   | under the la   | ws of the State of   | <u>/ Marylan</u>                               |   |             |      |
|---|--|---|--|--|--|---|-------------|------|
| 2. The principal  | the corporation: My Morte<br>office address: 2191 Dec<br>, MD 21114  |   |  | uite 304   |  |   |             |      |
| -   | address (if different):  |   | ···  |  |  |   |             |      |
| 4. Date of incorp   | poration/qualification: $7/25$   | /2019   | _ Document   | <sub>number:</sub> <u>F190</u>   | )000036  | <u>315</u>                                | _           |      |
|   | d street address of the current retirent of State: (If resigned, er DIAZ, JORGE  |   | and registere  | ed office on file v  | vith the                                       |   |             |      |
|   | 3956 TOWN CENTER   | BLVD  |  |  |  | <del>-</del> 1                            |             |      |
|   | ORLANDO  |   | FL   | 32837  | — 「<br>に<br>す                                  | ALL ALLAN                                 | 2021 JUL 21 |      |
| 6. The name and (if changed):   | Registered Ages  155 Office Plaz   | nt Solutio  | ons, Inc   | <b>)</b> .   | ffice  | 다 (A) | _21 AH 8:2  | TT C |
|   | 133 Office Plaz  | P.O. Box NO   | Suite A  | <u> </u>   | _ ,  |   | 6           |      |
|   | Tallahassee  | FL  | 3230   | )1   | _  |   |             |      |
| as changed with   | ess of its registered office and<br>be identical.<br>as authorized by resolution du<br>ne board, or the corporation ha   |   |  |  | _  | agent,                                    |             |      |
| 's/ Brian G   | orchi<br>re of an officer or director  | Br  | an Gorg  | Jei<br>ed or typed name and  | Authorize                                      |   |             |      |
| I hereby accept<br>I further agree t<br>of my duties, an<br>locument is beil<br>corporation has | the appointment as registered<br>to comply with the provisions<br>d I am familiar with and acce<br>ng filed merely to reflect a ch<br>been notified in writing of th | l agent and ag<br>of all statutes<br>of the obligati<br>ange in the reg<br>is change. | ree to act in<br>relative to th<br>on of mv pos<br>gistered offici | this capacity,<br>e proper and co<br>ition as registere<br>e address, I here | mplete perfoi<br>ed agent. Or<br>eby confirm t | rmance<br>, if this<br>hat the            |             |      |
| _   | and the segment of Registered Agent  |   | 7/21/20  | 21   |  |   |             |      |
|   | half of an entity:   |   |  | Date   |  |   |             |      |
|   | Assistant Secretary  | <del></del>   |  |  |  |   |             |      |
| Ту  | ped or Printed Name  ** * FI   | LING FEE: S   | 35.00 * * *  |  |  |   |             |      |