

F93000003635

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

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REGISTERED AGENT CHANGE
GFI MORTGAGE BANKERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

PA to chy

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GFI MORTGAGE BANKERS, INC.
2. The principal office address: 50 BROADWAY, 4TH FLOOR, NEW YORK NY 10004
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08-10-1993 Document number: F93000003635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALLSTATE CORPORATE SERVICES CORP

653 WEST 23RD STREET, SUITE 229

PANAMA CITY, FL 32405

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENT SOLUTIONS, INC.

155 OFFICE PLAZA DRIVE, SUITE A

(P.O. Box NOT acceptable)

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Abraham Eisner, VP
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

10/29/2010
(Date)

If signing on behalf of an entity:

SAL ABECASIS, ASSIST. SECRETARY
(Typed or Printed Name)

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