

F95000003169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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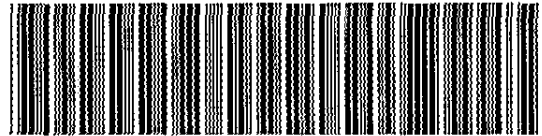
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

G. Goulet OCT 14 2003

**Document Number Only**

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

**CORPORATION(S) NAME**

American Home Mortgage Corp. of New York

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

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THANKS

CONNIE BRYAN

10/14

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. The mailing address of the corporation : 520 Broadhollow Road, Melville, NY, 11747

3. Date of incorporation/qualification: 6/30/95 Document number: F95000003149

NRAI

526 E. Park Avenue

Tallahassee Florida 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

## CT Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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.

(Signature of an officer, chairman or vice chairman of the board)

10 / 1 / 03  
(Date)

Alan Horn, Exec. VP/Secretary

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

C T Corporation System

By:

(Signature of Registered Agent)

10/7/03  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

CR2E045(9/00)

## DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314