

Division of Corporations

F99 000001698 (1/3)
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
MORTGAGE MASTER, INC. OF MA**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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JUN 03 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORTGAGE MASTER, INC. d/b/a MORTGAGE MASTER, INC. OF MA
Name of Corporation

DOCUMENT NUMBER: F99000001698

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:

Debra Skillin
Name of Contact Person
Mortgage Master, Inc.
Firm/Company
102 Elm Street
Address
Walpole, MA 02081
City/State and Zip Code
DSkillin@mortgagemaster.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva K Hackett
Name of Contact Person at (617) 531-5825
Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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 MA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORTGAGE MASTER, INC. d/b/a MORTGAGE MASTER, INC. OF MA
2. The principal office address: 102 Elm Street, 3rd Floor, Walpole, MA 02081
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 26, 1999 Document number: F99000001698
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)
SCRENCI, STEPHEN W
3200 NORTH MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
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, or the corporation has been notified in writing of the change.

Paul G. Anastas, President
 Signature of officer or director 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.

By: C T Corporation System May 30, 2014
 Signature of registered agent Date

If signing on behalf of an entity: OLIVIA ARIENTA GRAY
SPECIAL ASSISTANT SECRETARY

Typed or Printed Name *** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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