

F99 000001698 (1/3)  
Page 1 of 1

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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REGISTERED AGENT CHANGE  
MORTGAGE MASTER, INC. OF MA

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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 at ( 617 ) 531-5825  
Name of Contact Person 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.

[Signature]  
Signature of an officer or director

Paul G. Anastos, President

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: [Signature]  
Signature of registered agent

May 30, 2014

Date

If signing on behalf of an entity:

**DAVIDA ANANTA 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

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