F99000002270

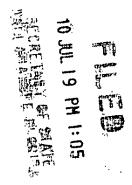
. (Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies					
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RA: Change 7-21-10

COVER LETTER

of Corporations	
Axiom Mortgage Name of Corp	Bankers Corporation
NUMBER: F9900	0002270
atement of Change of Registered Office/A	gent and fee are submitted for filing.
correspondence concerning this matter to	the following:
	inney
Name of Conta	ct Person
Axiom Mortgag	e Bankers Corporation
15375 Barranca Park	way, Suite G-110
	-
Irvine, CA S	92618 Zip Code
mmckinnev@a	kmb.com
E-mail address: (to be used for futu	ire annual report notification)
rmation concerning this matter, please call	:
Andy Slerra Name of Contact Person	at (714) 619-4073 Area Code & Daytime Telephone Number
5.00 check made payable to the Departme	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	Axiom Mortgage Name of Corp. NUMBER: F9900 atement of Change of Registered Office/A correspondence concerning this matter to Mark McK Name of Conta Axiom Mortgag Firm/Comp. 15375 Barranca Parks Addres Irvine, CA S City/State and mmckinney@as E-mail address: (to be used for future of Contact Person Andy Slerra Name of Contact Person 15.00 check made payable to the Department Mailing Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

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

statement of chan	ige is submitted	l for a corporation organ	2, 607.1508, or 617.1508, Florida ized under the laws of the State of	Delaware	
	_		ered agent, or both, in the State of a		
	2. The principal office address: 15375 Barranca Parkway, Suite G-110				
	_	Irvine, CA 92618			
3. The mailing ad	ldress (if differ	ent):			
4. Date of incorpo	oration/qualific	ation: <u>5/3//9</u> 9	99 Document number: <u>F9</u>	9000002270	
		of the current registered as (If resigned, enter resigne	gent and registered office on file w d)	vith the	
-	NRAI Servi	ces, Inc.			
-	2731 Exec	utive Park Drive, Sui	te 4	_ =	
_	Weston, FL	33331			
6. The name and (if changed):	street address o	of the new registered ager	nt (if changed) and /or registered of	THE A P	
	InCorp Ser	vices, Inc.			
_	17888 67th	Court North		(4) O	
		P.O. Box NO	l'acceptable	_ <u>\$</u> # •v	
-	Loxahatche	e, FL 33470		_	
The street address as changed will be	ss of its registe be identical.	red office and the street	address of the business office of	its registered agent,	
Such change was authorized by the	s authorized by e board, or the	resolution duly adopted corporation has been no	d by its board of directors or by a stified in writing of the change.	n officer so	
Signature	of an officer or dir	ector -	Mark McKinn	ney PRESIDENT	
I hereby accept the second of	he appointmen o comply with I am familiar Ig filed merely been notified i	nt as registered agent an the provisions of all stat with and accept the obl to reflect a change in th n writing of this change	d agree to act in this capacity utes relative to the proper and co igation of my position as register e registered office address, I here	omplete performance red agent. Or, if this reby confirm that the	
Die Sign	alure of Registered	Mageni Services, Inc.	7-9-10 Date	<u> </u>	
If signing on beh	alf of an entity	y:			
Lisa Gran	5 Fic For // ped or Printed Name	ncorp. Services, i	Inc.		
* * * 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 (8/05)