

Division of Corporations Public Access System

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To:

Division of Corporations

: (850) 205

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

c (850)878-5926



REGISTERED AGENT CHANGE

HOMEBUYERS MORTGAGE NETWORK, LLC

0
02
\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

2/13/2007

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608. ts the following stat te of Florida.	416 or 608.3 ement in ord	08, Florida Statutes, the under to change its registered of	lersigned limite lice or registere	d đ
1. The name of the limit	ed liability company	is: Homebuye	rs Mortgage Natwork, LLC		_*
2. The mailing address of	of the limited liability	y company is	: C/O Logal Dept., 601 Riverside A	venue,	
Jacksonville FL 32204	•	- ·	,		
2/5/2001			L01000001960		•
3. Date of filing/registra	tion in Florida		4. Document number	,	•
5. The name of the regist Florida Department of		egistered offic	ce address as shown on the rec	ords of the	
-	Howard J. Bratinan		,		
		Name			•
	7900 Miami Lakes Dri		00	•	
	Miami Lakes, FL 3301	Address	·		
		ty. State and	Zip		
6. The name and address	of the new registere	d agent and/o	roffice:	•	•
•	CT	Corporation Sy	si em		
,		Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1200 S	outh Pine Island	Road		
	Florida street add	ress (P.O. Bo	x NOT acceptable)		
•	Plantation	FL	33324	. •	
	Cin	y, State and Z	ip 🗥		`
and the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	the registered agent reby confirmed that mited liability compo- nt of the limited liab	t will be ident the change(s) my or as othe ility company	lorida street address of the regical. Or, in the case of a Flori) was/were authorized by an a rwise provided in the articles	ida limited Mirmative vote	
(Printed or typed name of signee)) 🕴	-			
I hereby accept the appo comply with the provision and am familiar with ap Chapter 608.F.B. Or, if address, I hereby confirm C T Con	iniment as registers is of all statutes rela a accept the obligat this document is bein that the limited lial poration System P8101	d agent and a tive to the pri lons of my po ng filed to me ulity compan F. SOUZA	gree to act in this capacity. I oper and complete performan sition as registered agent as p rely reflect a change in the re v has been notified in writing	further agree to be of my dutlets rovided for in- gistered office, of this change,	DIVISION
(Signature of Registered Agent)	- Assister	it Secreta ry	,	13	유로구
Divisio		P.O. Box 63 ING FEE: \$	27, Tallahussee, FL 32314 25.00	AMI	RY OF S
INHS18 (8/05)			•	: 	TATE ATIO
L015 - 09/09/2005 C T System Online			,	. ~.	₹

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